

Get Tax Credits for New Hires!

Work Opportunity Tax Credit (WOTC)

Who can I hire that may qualify?

TANF Recipients
SNAP Recipients

Veterans
Felons

Vocational Rehab Recipients

TN Department of Labor & Workforce Development | Workforce Services

WOTC Employee Manual 2017-2019

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Chapter 1.1

What is the Work Opportunity Tax Credit?

What Is the Work Opportunity Tax Credit?

The Small Business Job Protection Act of 1996 initially created the Work Opportunity Tax Credit (WOTC) Program. The Work Opportunity Tax Credit was designed to incentivize employers to hire individuals belonging to targeted groups that frequently face barriers to employment. This is done by providing Federal tax credit incentives to employers for hiring new employees. The most recent WOTC authorization was passed on December 18, 2015 when President Obama signed the Protecting Americans from Tax Hikes Act of 2015 (the PATH Act) into law.

The PATH Act:

- Retroactively reauthorizes the WOTC program target groups for a five-year period, from December 31, 2014 to December 31, 2019.
- Extends the Empowerment Zones for a two-year period, from December 31, 2014 to December 31, 2016.
- Introduces a new target group, Qualified Long-Term Unemployment Recipients, for new hires that begin to work for an employer on or after January 1, 2016 through December 31, 2019.

The Work Opportunity Tax Credit is available for use by any for-profit employer. Certain qualified tax-exempt organizations described in Internal Revenue Code Section 501(c), and those exempt from taxation under IRC Section 501(a), may also claim the credit.

Tennessee has been one of the nation's top states in the amount of potential federal income tax credits approved to eligible employers. During Calendar Year 2016 the Tennessee Department of Labor & Workforce Development's WOTC Unit issued 100,086 tax credit certifications which represent a potential Federal corporate income tax savings of \$191 million for Tennessee employers.

Chapter 1.2

Targeted Group Eligibility

Targeted Group Eligibility

Group A - Short-Term Temporary Assistance for Needy Families (TANF) Recipient

This target group refers to any person who is a member of a family receiving Temporary Assistance for Needy Families (TANF) benefits for any nine months during the 18-month period ending on the hire date.

Group B - Veterans

To be considered a qualified veteran under the WOTC program an individual must meet these two requirements:

- Have served on active duty (not including training) in the U.S. Armed Forces for more than 180 days or have been discharged or released from active duty for a service connected disability; **and**
- Cannot have a period of active duty (not including training) of more than 90 days that ended during the 60-day period ending on the hire date.

Qualified SNAP Benefit Veteran: This target group refers to any qualified veteran who is a member of a family receiving assistance under the Supplemental Nutrition Assistance Program (SNAP) for at least a 3-month period during the last 15 months ending on the hire date.

Recently Separated Disabled Veteran: This target group refers to any qualified veteran as entitled to compensation for a service-connected disability (defined as 10% or greater by the Department of Veteran's Affairs) **and** has a hire date which is not more than one year after having been discharged or released from active duty in the U.S. Armed Forces.

Unemployed Disabled Veteran: This target group refers to any qualified veteran as entitled to compensation for a service-connected disability (defined as 10% or greater by the Department of Veteran's Affairs) **and** has aggregate periods of unemployment of 6 months or more during the one-year period ending on the hire date.

Short-Term Unemployed Veteran: This target group refers to any qualified veteran as having aggregate periods of unemployment of at least 4 weeks but less than 6 months in the year prior to being hired.

Long-Term Unemployed Veteran: This target group refers to any qualified veteran as having aggregate periods of unemployment of 6 months or more in the year prior to being hired.

Note: Qualified tax-exempt organizations 501(c) who hire WOTC qualified veterans may apply the tax credit against the organization's payroll taxes.

Group C – Ex-Felons

This target group refers to any person who has been convicted of a felony **and** who is hired within 1 year after the conviction date or release date from prison.

Group D - Designated Community Residents

This target group refers to any person who is at least age 18, but not yet age 40, on the hire date **and** has his/her principal place of abode within an Empowerment Zone (EZ).

Note: Employers may access the Empowerment Zone locator map through the HUD website at: www.doleta.gov/business/incentives/opptax/wotcResources.cfm

Click the link at the top of the page under **Empowerment Zones Locator**. This will open an Excel spreadsheet that contains instructions and all applicable resources.

Group E – Vocational Rehab Referral

This target group refers to any person with a disability who completed or is completing rehabilitative services from a state certified agency, an Employment Network under the Ticket to Work program, or the U.S. Department of Veteran Affairs.

Group F - Summer Youth Employee

This target group refers to any person who:

- Is age 16 but not yet age 18 on the hire date or, if later, on May 01 of the calendar year involved; **and**
- Has a duration of employment between May 01 and September 15; **and**
- Has not been employed by the same employer prior to the 90-day period between May 01 and September 15; **and**
- Has his/her principal place of abode within an Empowerment Zone (EZ).

Note: See target group “D” for information on resources to find EZs located in Tennessee.

Group G – Supplemental Nutrition Assistance Program (SNAP) Recipient

This target group refers to any person who:

- Has attained the age of 18 but not yet 40 on the hire date; **and**
- Is a member of a family receiving assistance under SNAP for the six-month period ending on the hire date; **or**
- Is an able-bodied adult without dependents who ceases to be eligible for SNAP benefits but has received assistance for at least three months of the five-month period ending on the hire date.

Group H – Supplemental Security Income (SSI) Recipient

This target group refers to any person who is receiving SSI benefits for any month ending during the 60-day period ending on the hire date.

Group I – Long-Term Temporary Assistance for Needy Families (TANF) Recipient

This target group refers to any person who is:

- A member of a family receiving assistance for at least 18 consecutive months ending on the hire date; **or**
- A member of a family receiving assistance for a total of at least 18 months (whether or not consecutive) beginning after August 05, 1997, and has a hire date which is not more than two years after the end of the earliest 18-month period; **or**
- A member of a family which ceased to be eligible for assistance by reason of any maximum payment limitation imposed by state or federal law and has a hire date which is not more than 2 years after the date of such cessation.

First-year tax credit for this target group allows employers of first-year hires working at least 400 hours to be eligible to receive a maximum credit amount of \$4,000.

Second-year tax credit for this target group allows employers of second-year hires working at least 400 hours to be eligible to receive a maximum credit amount of \$5,000.

The maximum two year credit for this target group is \$9,000.

Group L - Long-Term Unemployment Recipient

This target group refers to any person who is unemployed for no less than 27 consecutive weeks **and** received unemployment compensation (which may be less than 27 weeks) for a period of time under state or federal law.

Chapter 1.3

Work Opportunity Tax Credit Forms

WOTC Forms

Form 8850:

Employers use this form to pre-screen and to make a written request to their state workforce agency (SWA) to certify an individual as a member of a targeted group for purposes of qualifying for the work opportunity credit.

Must be submitted within 28 days of the employee's start date.

Form 9061:

This form is used together with IRS Form 8850 to help state workforce agencies determine eligibility for the WOTC Program. The form may be completed, on behalf of the applicant, by: the employer or employer representative, the SWA, a participating agency, or the applicant directly (if a minor, the parent or guardian must sign the form). This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification.

Must be submitted within 28 days of the employee's start date.

Form 9062:

When a SWA or participating agency determines that a job-ready applicant is **tentatively eligible** as a member of a target group under WOTC it shall use this required form, without modification, to show that eligibility pre-determination was made for this person. As of December 2016 this document mainly applies to veterans (group B), ex-felons (group C), and vocational rehab (group E).

Form 5884:

Employers file this form to claim the work opportunity credit for qualified first- and/or second-year wages they paid to or incurred for targeted group employees during the tax year.

Form 3800:

Employers file this form to claim any of the general business credits. Specific claims for work opportunity credits demonstrated on Form 5884 are added to this form on line 4B.

On the following pages are examples of each of these forms for reference purposes.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Social security number ►

Street address where you live

City or town, state, and ZIP code

County Telephone number

If you are under age 40, enter your date of birth (month, day, year)

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 3-2016)

For Employer's Use OnlyEmployer's name Telephone no. EIN ► Street address City or town, state, and ZIP code Person to contact, if different from above Telephone no. Street address City or town, state, and ZIP code If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ►

Date applicant:

Gave information	<input type="text"/>	Was offered job	<input type="text"/>	Was hired	<input type="text"/>	Started job	<input type="text"/>
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►

Title

Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

Learning about the law or the form 24 min.

Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



U.S. Department Labor
Employment and Training Administration Individual Characteristics Form (ICF)
Work Opportunity Tax Credit

OMB No. 1205-0371
Expiration Date: November 30,
2016

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION					
3. Employer Name		4. Employer Address and Telephone		5. Employer Federal ID Number (EIN)	
APPLICANT INFORMATION					
6. Applicant Name (Last, First, MI)		7. Social Security Number		8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION					
9. Employment Start Date		10. Starting Wage		11. Position	
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____				Yes ___ No ___	
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____ OR, are you a veteran entitled to compensation for a service-connected disability? _____ If YES, were you discharged or released from active duty within a year before you were hired? _____ OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? _____				Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and city And <i>state</i> where benefits were received _____				Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?				Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
16. Are you a member of a family that received TANF assistance for at least the last 18 months					

before you were hired? Yes___ No___ OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes___ No___ OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes___ No___ If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? Yes___ No___ If YES, to any question, enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.	
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___ No___ If YES, enter <i>date of conviction</i> _____ and <i>date of release</i> _____. Was this a Federal _____ or a State conviction _____? (Check one)	
18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)? Yes___ No___	
19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date? Yes___ No___	
20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___	
21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___	
22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___	
23. Are you an individual who is or was in a period of unemployment that is at least 27 consecutive weeks the day before you began to work for the employer, or if earlier, the day you completed IRS Form 8850, the Prescreening Form? Yes___ No___ If YES, did you receive unemployment compensation/benefits under State or Federal law during a period of unemployment? Yes___ No___	
24. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. For SWA Staff: List all documentation used in determining target group eligibility and enter your initials and date when the determination was made. 	
I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.	
25(a). Signature: (See instructions in Box 25.(b) for who signs this signature block)	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 25.(b) Indicate with a ✓ mark who signed this form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor) </div> <div style="width: 35%;"> 26. Date: </div> </div>

ETA Form 9061 (Rev. May 2016)



U.S. Department of Labor
Employment and Training Administration

OMB No. 1205-0371
Expiration Date:
November 30, 2016

Conditional Certification
Work Opportunity Tax Credit

EMPLOYERS ➤ This form must be accompanied by IRS Form 8850. ➤ If you do not have IRS Form 8850, call 202-693-2786 for a copy or download it from www.irs.gov or www.dol-eta.gov/wotc . ➤ Be sure to complete Part II of this form and IRS Form 8850, sign and date both forms BEFORE sending them to the State Workforce Agency (SWA) within 28 days after the new hire's employment-start date. (See IRS Relief Period in TEGL No. 25-15 and IRS Notice 2016-22)			
1. INITIATING AGENCY CODE (For Agency Use Only) CODE: _____		2. CONTROL NO. _____ (For Agency Use Only) Check "✓" One: <input type="checkbox"/> Participating Agency <input type="checkbox"/> SWA	
3. FOR EX-FELON TARGET GROUP ONLY a. Conviction Date: _____ b. Release Date: _____		4. DATE COMPLETED (MM/DD/YY) _____ c. Correction's (Ex-felon's) ID No. _____	
5. STATE WORKFORCE AGENCY'S NAME/ADDRESS		6. SIGNATURE (Authorized Official) _____ 7. TELEPHONE No. _____	
PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (CC):			
8. NAME OF APPLICANT (Last, First, Middle) _____ 11. ADDRESS (Street, City, State, Zip Code) & Telephone No. _____		9. SOCIAL SECURITY No. _____ 12. VETERAN TARGET GROUP CODES (Check "✓" One): <input type="checkbox"/> 2Ba. Veteran receiving SNAP benefits <input type="checkbox"/> 2Bb. Disabled Veteran <input type="checkbox"/> 2Bc. Disabled Veteran unemployed for 6 months <input type="checkbox"/> 2Bd. Veteran unemployed for 4 weeks but less than 6 months <input type="checkbox"/> 2Be. Veteran unemployed for 6 months	
		10. ENTER TARGET GROUP CODE AND GROUP NAME FOR HIRES OTHER THAN "Veteran": _____ 13. APPLICANT SIGNATURE: _____	
NOTE TO EMPLOYERS:			
14. The above named individual may be _____ eligible for certification under the Work Opportunity Tax Credit. If individual is not employed before the date in the box below (Mo., Day, Yr.), this eligibility determination is subject to review. <i>Applies to Summer Youth group only.</i>		Note. In the event you hire this individual, you should request the Certification necessary for you to claim a Work Opportunity Tax Credit (WOTC). Simply complete, sign, and submit this form together with IRS Form 8850 to the SWA. For new hires that begin to work for an employer on or after January 1, 2015, and on or before May 31, 2016, this form can be completed, signed, and submitted together with IRS Form 8850 to the SWA by June 30, 2016. For new hires with an employment start date on or after June 1, 2016, employers must meet the 28-day timely filing requirement. The WOTC Employer Certification will be sent to you, if all statutory target group eligibility and timely filing requirements have been met.	
PART II. EMPLOYER DECLARATION: I, hereby, declare that the above named person is or will be employed by:			
15. NAME OF FIRM AND ADDRESS: _____ ATTN SWA: Please send a WOTC Certification for this employee. The pre-certification is for the purpose of requesting Certification to obtain the WOTC under Sec. 51 and 52 of the Internal Revenue Code. Employers are advised that such credit will cease immediately upon notification of any subsequent invalidation/revocation.		16. POSITION/JOB TITLE: _____ 17. EMPLOYMENT-START DATE: _____ 18. STARTING WAGE: \$ _____ per hr	
NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment.			
19. EMPLOYER'S NAME: _____ 20. EMPLOYER'S SIGNATURE: _____ 21. DATE: (MM/DD/YY) _____			

CONDITIONAL CERTIFICATION (CC) ETA FORM 9062. When a SWA or participating agency (PA) determines that a job-ready applicant is, *TENTATIVELY ELIGIBLE* as a member of a target group under WOTC, it shall use this required form, without modification, to show that eligibility pre-determination was made for this person. **Note.** The CC serves as an official record of the pre-certification, alerts prospective employers to the availability of the tax credit if this individual is hired, and provides a means for employers to request a WOTC certification for this person.

INSTRUCTIONS FOR COMPLETING THE "CONDITIONAL CERTIFICATION" FORM. (Boxes 1-8 and 15 are for participating agency (PA) and SWA use only)

- Box 1:** Initiating Agency Code. If the CC was issued by a Participating Agency (PA), enter its code. SWAs assign codes to designate each PA and indicate the initiating source for the eligibility determination process. If the eligibility determination was performed by the SWA, enter the SWA's code, if available. Indicate with a check mark "✓" if initiating agency is a PA or SWA.
- Box 2:** Control Number. Usually the PA determines the control number (CN). However, SWAs may, for internal control purposes, develop their own CN system. It may be a case number or some other appropriate designation (e.g., alpha-numeric designation), which permits easy filing, certification and retrieval of forms. Enter corresponding CN and indicate with a check mark "✓" whether the source is a PA or a SWA.
- Box 3:** For Ex-Felon Target Group Only. For items a - c, enter the corresponding information. This information will help the SWA or PA in verifying target group eligibility.
- Box 4:** Date Completed. Enter the month, day, year in which the eligibility determination was completed.
- Box 5:** SWA's Name and Address. If known, enter or stamp the name and address, including zip code, of the SWA responsible for Certification requests for the employer indicated in Box 15B. Leave blank if SWA's name and address is unknown.
- Box 6:** Signature. Enter signature of the authorized conditionally-certifying official.
- Box 7:** Telephone No. Enter corresponding SWA or PA area code, telephone number and extension, if available.

PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (CC):

- Box 8:** Name of Individual. Enter the individual's/ applicant's full name (i.e., last name, first name and middle initial).
- Box 9:** Social Security Number. Enter the individual's/applicant's Social Security Number.
- Box 10:** Target Group Code. Enter the code or name of the pre-certified target group other than Veteran. *The Protecting Americans from Tax Hikes Act of 2015 retroactively reauthorized current target groups for a 5-year period, January 1, 2015 through December 31, 2019, and extended the Empowerment Zones designations for a two-year period, January 1, 2015 through December 31, 2018. The Act introduced a new target group, Qualified Long-term Unemployment Recipient (LTUR), for new hires that begin to work for an employer on or after January 1, 2016 – December 31, 2019.*
- Box 11:** Address/Telephone No. Enter the individual's/applicant's home address, including apartment number and zip code. After address, enter individual's telephone number, including area code.
- Box 12:** Veteran Target Group Code. The 1996 original target group designation for a Qualified Veteran is "B." To facilitate the identification of the different veteran categories created by the VOW to Hire Heroes Act of 2011 (P.L. 112-56), ETA uses the same alpha-numeric designations to collect the number of certifications issued for the amended veteran categories in ETA Form 9068 – Report 1. To ensure a simple, uniform and consistent certification system which can be used by the SWAs nationwide each new veteran category is preceded by "B" and followed by the alpha-numeric code used in ETA Form 9068. Enter a check mark "✓" in front of the veteran group pre-certified.
- Box 13:** Signature. Get applicant's signature. If a minor, parent or guardian must sign here.
- Box 14:** CC Validity Period. (This box is to be completed by the SWA or PA). Enter the month/day/year when the CC expires. This box does not apply to veterans pre-certified under the VOW to Hire Heroes Act of 2011. This box applies only to the Summer Youth target group.

- Box 15: Name of Firm. Enter full name of the employing firm (the firm where the employee will actually work).
- Box 16: Position/Job Title. Enter the position or job title the employee will hold.
- Box 17: Employment-Start Date. Enter the date the employee began or will begin work for the employing firm.
- Box 18: Starting Wage. Enter the wage or salary which the employee will be paid. If not known, enter an estimated wage.
- Box 19: Employer's Name. Enter your name as the hiring employer.
- Box 20: Employer's Signature. Affix your electronic or ink signature here.
- Box 21: Date. Enter month, day and year when you signed this form.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply to these questions is required for obtaining the tax credit per P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reading instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371)

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*

Work Opportunity Credit

► Attach to your tax return.
► Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.

OMB No. 1545-0219

2015
Attachment
Sequence No. 77

Name(s) shown on return

Identifying number

1 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group.

a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . . . \$ × 25% (0.25)

1a

b Qualified first-year wages of employees who worked for you at least 400 hours \$ × 40% (0.40)

1b

c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (0.50)

1c

2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages

2

3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)

3

4 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4b

4

5 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)

5

6 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, Part III, line 4b

6

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 19570D

Form **5884** (2015)

General Business Credit

► Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0095

2015
Attachment
Sequence No. **22**

Name(s) shown on return

Identifying number

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2015 (see instructions)	3	
4	Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	
5	Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with box D checked (see instructions)	5	
6	Add lines 1, 3, 4, and 5	6	

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	8	
9	Add lines 7 and 8	9	
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2015)

Name(s) shown on return

Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A** ☐ General Business Credit From a Non-Passive Activity **E** ☐ Reserved
B ☐ General Business Credit From a Passive Activity **F** ☐ Reserved
C ☐ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards
D ☐ General Business Credit Carrybacks **H** ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III. ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Reserved	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
---------------------	-------	--------------------	-------	--------------	-------	----------------	-------

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____

Title _____

Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the *Internal Revenue Code*.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 6 hr., 27 min.

Learning about the law or the form 24 min.

Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



U.S. Department of Labor
Employment and Training Administration Individual Characteristics Form (ICF)
Work Opportunity Tax Credit

OMB No. 1205-0371
Expiration Date: November 30,
2016

1. Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)		2. Date Received (For Agency Use only)
EMPLOYER INFORMATION			
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)	
APPLICANT INFORMATION			
6. Applicant Name (Last, First, MI)	7. Social Security Number	8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____		Yes ___ No ___	
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____		Yes ___ No ___	
OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city</i> _____ And <i>state</i> where benefits were received _____		Yes ___ No ___ Yes ___ No ___	
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
16. Are you a member of a family that received TANF assistance for at least the last 18 months			

before you were hired? OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? If NO , are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? If YES , to any question, enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.	Yes___ No___ Yes___ No___ Yes___ No___ Yes___ No___
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? If YES , enter <i>date of conviction</i> _____ and <i>date of release</i> _____. Was this a Federal _____ or a State conviction _____? (Check one)	Yes___ No___
18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)?	Yes___ No___
19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?	Yes___ No___
20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	Yes___ No___
21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?	Yes___ No___
22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?	Yes___ No___
23. Are you an individual who is or was in a period of unemployment that is at least 27 consecutive weeks the day before you began to work for the employer, or if earlier, the day you completed IRS Form 8850, the Prescreening Form? If YES , did you receive unemployment compensation/benefits under State or Federal law during a period of unemployment?	Yes___ No___ Yes___ No___
24. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. For SWA Staff: List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.	
I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.	
25(a). Signature: (See instructions in Box 25.(b) for who signs this signature block)	25.(b) Indicate with a ✓ mark who signed this form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)
26. Date:	

ETA Form 9061 (Rev. May 2016)



U.S. Department of Labor
Employment and Training Administration

OMB No. 1205-0371
Expiration Date:
November 30, 2016

Conditional Certification
Work Opportunity Tax Credit

EMPLOYERS ➤ This form must be accompanied by IRS Form 8850. ➤ If you do not have IRS Form 8850, call 202-693-2786 for a copy or download it from www.irs.gov or www.dolleta.gov/wotc . ➤ Be sure to complete Part II of this form and IRS 8850, sign and date both forms BEFORE sending them to the State Workforce Agency (SWA) within 28 days after the new hire's employment-start date. (See IRS Relief Period in TEGL No. 25-15 and IRS Notice 2016-22)			
1. INITIATING AGENCY CODE (For Agency Use Only) CODE: _____		2. CONTROL NO. _____ (For Agency Use Only) Check "✓" One: ____ Participating Agency ____ SWA	
3. FOR EX-FELON TARGET GROUP ONLY a. Conviction Date: _____ c. Correction's (Ex-felon's) ID No. _____ b. Release Date: _____		4. DATE COMPLETED (MM/DD/YY) _____	
5. STATE WORKFORCE AGENCY'S NAME/ADDRESS		6. SIGNATURE (Authorized Official) _____	
		7. TELEPHONE No. _____	
PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (CC):			
8. NAME OF APPLICANT (Last, First, Middle)		9. SOCIAL SECURITY No. _____	
		10. ENTER TARGET GROUP CODE AND GROUP NAME FOR HIRES OTHER THAN "Veteran": _____	
11. ADDRESS (Street, City, State, Zip Code) & Telephone No. _____		12. VETERAN TARGET GROUP CODES (Check "✓" One): <input type="checkbox"/> 2Ba. Veteran receiving SNAP benefits <input type="checkbox"/> 2Bb. Disabled Veteran <input type="checkbox"/> 2Bc. Disabled Veteran unemployed for 6 months <input type="checkbox"/> 2Bd. Veteran unemployed for 4 weeks but less than 6 months <input type="checkbox"/> 2Be. Veteran unemployed for 6 months	
		13. APPLICANT SIGNATURE: _____	
NOTE TO EMPLOYERS:			
14. The above named individual may be _____ eligible for certification under the Work Opportunity Tax Credit. If individual is not employed before the date in the box below (Mo., Day, Yr.), this eligibility determination is subject to review. Applies to Summer Youth group only.		Note. In the event you hire this individual, you should request the Certification necessary for you to claim a Work Opportunity Tax Credit (WOTC). Simply complete, sign, and submit this form together with IRS Form 8850 to the SWA. For new hires that begin to work for an employer on or after January 1, 2015, and on or before May 31, 2016, this form can be completed, signed, and submitted together with IRS Form 8850 to the SWA by June 29, 2016. For new hires with an employment start date on or after June 1, 2016, employers must meet the 28-day timely filing requirement. The WOTC Employer Certification will be sent to you, if all statutory target group eligibility and timely filing requirements have been met.	
PART II. EMPLOYER DECLARATION: I, hereby, declare that the above named person is or will be employed by:			
15. NAME OF FIRM AND ADDRESS: _____		16. POSITION/JOB TITLE: _____	
		17. EMPLOYMENT-START DATE: _____	
		18. STARTING WAGE: \$ _____ per hr	
ATTN SWA: Please send a WOTC Certification for this employee. The pre-certification is for the purpose of requesting Certification to obtain the WOTC under Sec. 51 and 52 of the Internal Revenue Code. Employers are advised that such credit will cease immediately upon notification of any subsequent invalidation/revocation.			
NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment.			
19. EMPLOYER'S NAME: _____		20. EMPLOYER'S SIGNATURE: _____	
		21. DATE: (MM/DD/YY) _____	

CONDITIONAL CERTIFICATION (CC) ETA FORM 9062. When a SWA or participating agency (PA) determines that a job-ready applicant is, *TENTATIVELY ELIGIBLE* as a member of a target group under WOTC, it shall use this required form, without modification, to show that eligibility pre-determination was made for this person. **Note.** The CC serves as an official record of the pre-certification, alerts prospective employers to the availability of the tax credit if this individual is hired, and provides a means for employers to request a WOTC certification for this person.

INSTRUCTIONS FOR COMPLETING THE "CONDITIONAL CERTIFICATION" FORM. (Boxes 1-8 and 15 are for participating agency (PA) and SWA use only)

- Box 1:** Initiating Agency Code. If the CC was issued by a Participating Agency (PA), enter its code.. SWAs assign codes to designate each PA and indicate the initiating source for the eligibility determination process. If the eligibility determination was performed by the SWA, enter the SWA's code, if available. Indicate with a check mark "✓" if initiating agency is a PA or SWA.
- Box 2:** Control Number. Usually the PA determines the control number (CN). However, SWAs may, for internal control purposes, develop their own CN system. It may be a case number or some other appropriate designation (e.g., alpha-numeric designation), which permits easy filing, certification and retrieval of forms. Enter corresponding CN and indicate with a check mark "✓" whether the source is a PA or a SWA.
- Box 3:** For Ex-Felon Target Group Only. For items a - c, enter the corresponding information. This information will help the SWA or PA in verifying target group eligibility.
- Box 4:** Date Completed. Enter the month, day, year in which the eligibility determination was completed.
- Box 5:** SWA's Name and Address. If known, enter or stamp the name and address, including zip code, of the SWA responsible for Certification requests for the employer indicated in Box 15B. Leave blank if SWA's name and address is unknown.
- Box 6:** Signature. Enter signature of the authorized conditionally-certifying official.
- Box 7:** Telephone No. Enter corresponding SWA or PA area code, telephone number and extension, if available.

PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (CC):

- Box 8:** Name of Individual. Enter the individual's/ applicant's full name (i.e., last name, first name and middle initial).
- Box 9:** Social Security Number. Enter the individual's/applicant's Social Security Number.
- Box 10:** Target Group Code. Enter the code or name of the pre-certified target group other than Veteran. The Protecting Americans from Tax Hikes Act of 2015 retroactively reauthorized current target groups for a 5-year period, January 1, 2015 through December 31, 2019, and extended the Empowerment Zones designations for a two-year period, January 1, 2015 through December 31, 2016. The Act introduced a new target group, *Qualified Long-term Unemployment Recipient (LTUR)*, for new hires that begin to work for an employer on or after January 1, 2016 – December 31, 2019.
- Box 11:** Address/Telephone No. Enter the individual's/applicant's home address, including apartment number and zip code. After address, enter individual's telephone number, including area code.
- Box 12:** Veteran Target Group Code. The 1996 original target group designation for a Qualified Veteran is "B." To facilitate the identification of the different veteran categories created by the VOW to Hire Heroes Act of 2011 (P.L. 112-56), ETA uses the same alpha-numeric designations to collect the number of certifications issued for the amended veteran categories in ETA Form 9058 – Report 1. To ensure a simple, uniform and consistent certification system which can be used by the SWAs nationwide each new veteran category is preceded by "B" and followed by the alpha-numeric code used in ETA Form 9058. Enter a check mark "✓" in front of the veteran group pre-certified.
- Box 13:** Signature. Get applicant's signature. If a minor, parent or guardian must sign here.
- Box 14:** CC Validity Period. (This box is to be completed by the SWA or PA). Enter the month/day/year when the CC expires. This box does not apply to veterans pre-certified under the VOW to Hire Heroes Act of 2011. This box applies only to the Summer Youth target group.

- Box 15: Name of Firm. Enter full name of the employing firm (the firm where the employee will actually work).
- Box 16: Position/Job Title. Enter the position or job title the employee will hold.
- Box 17: Employment-Start Date. Enter the date the employee began or will begin work for the employing firm.
- Box 18: Starting Wage. Enter the wage or salary which the employee will be paid. If not known, enter an estimated wage.
- Box 19: Employer's Name. Enter your name as the hiring employer.
- Box 20: Employer's Signature. Affix your electronic or ink signature here.
- Box 21: Date. Enter month, day and year when you signed this form.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply to these questions is required for obtaining the tax credit per P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reading instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371)

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*

Chapter 2

Certification Process for Work Opportunity Credits

Chapter 2.1

General Steps to Issue Determinations

General Steps to Issue Determinations

The general steps come first because they apply to all applications regardless of target group. **'General Steps Part 1'** demonstrates how to locate the target group(s) being applied for. **'General Steps Part 2'** demonstrates how to finalize the determination process once all applicable information has been located. Specific steps in the determination process are separated according to target group.


General Steps to Issue Determinations Part 1

To begin the review process the most important step is to establish which target group is being applied for. Use these two steps to determine target group:

- 1) From the home screen locate the **'Quality Review Sheet'** icon:

Expand the row to view more details about the Claim.

(1 of 50)

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source		Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted		Actions
408571937	JAMEKA	JACKSON	TRUEBLUE						Actions
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SER	840909680	2014	Converted		Actions
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted		Actions
411152485	BONNYE	JORDAN	KELLY SERVICES	ADP	381510762	2014	Converted		Actions

Click here to see which target groups are being applied for

- 2) The window that will open up is the **'Quality Review Sheet'**, seen below:

Target Group	Need	Received	Approve
Target Group A (TANF Recipient)			
TANF STATE :			
TN TANF RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-Of-State TANF Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group B (Veteran Status Records)			
SNAP STATE :			
BFSV TN Food Stamp Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BFSV Out-Of-State Food Stamp Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BRSDV Recent Discharge Vet w/Disability	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BUDV Disabled Vet + 6 mos. Unemployed	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BSTUV Vet + 4 wks to 6 mos. Unemployed	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BLTUV Vet + 6 mos. Unemployed	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group C (Ex-Felons)			
TN Felon RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-Of-State Felon Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group D (D.C.R.)			
EZ/RC RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Age Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Address Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group E (Voc. Rehab)			
TN Voc. Rehab. Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-Of-State Voc. Rehab. Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Military Rehab. Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group F (D.C.R.)			
Re Hire Date :			
EZ/RC RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Age Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Address Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group G (F/S Recipient)	<input checked="" type="checkbox"/>		
SNAP STATE :			
TN Food Stamp Records	<input checked="" type="checkbox"/>	09/03/2015	<input type="checkbox"/>
Out-Of-State Food Stamp Records	<input checked="" type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group H (SSI Recipient)			
TN SSI Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group I (Long-Term TANF Recipient)			
TANF STATE :			
TN TANF RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-Of-State TANF Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group L (Long-Term LTUB Recipient)			
STATE :			
TN LTUB RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>

Indicates target group being applied for

The check marks will indicate the target group(s) being applied including whether or not the applicant is from 'Out of State'. **Out of State determinations will be explained on page 26.** This will provide the basis for future steps in the determination process for all target groups.

General Steps to Issue Determinations Part 2

Once all information specific to each target group has been gathered follow the steps below to complete the determination process. These steps apply to all target groups.

- 1) If the individual is approved for the target group the box to the right of the date in the **'WOTC Quality Review Sheet'** must be checked; if the individual has been denied for the target group leave this box blank. See the sample below:

WOTC Quality Review Sheet

Target Group	Need	Received	Approve
Target Group A (TANF Recipient) <input checked="" type="checkbox"/>			
TANF STATE :			
TN TANF RECORDS	<input checked="" type="checkbox"/>	01/01/1900	<input checked="" type="checkbox"/>
Out-Of-State TANF Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group B (Veteran Status Records) <input type="checkbox"/>			
SNAP STATE :			
BFSV TN Food Stamp Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BFSV Out-Of-State Food Stamp Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BRSOV Recent Discharge Vet w/Disability	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BUDV Disabled Vet + 6 mos. Unemployed	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BSTUV Vet + 4 wks to 6 mos. Unemployed	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
BLTUV Vet + 6 mos. Unemployed	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group C (Ex-Felons) <input checked="" type="checkbox"/>			
TN Felon RECORDS	<input checked="" type="checkbox"/>	01/01/1900	<input checked="" type="checkbox"/>
Out-Of-State Felon Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group D (D.C.R.) <input type="checkbox"/>			
EZ/RC RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Age Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Address Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group E (Voc. Rehab) <input type="checkbox"/>			
TN Voc. Rehab. Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-of-State Voc. Rehab. Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Military Rehab. Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group F (D.C.R.) <input type="checkbox"/>			
Re Hire Date :			
EZ/RC RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Age Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Applicant Address Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group G (FIS Recipient) <input checked="" type="checkbox"/>			
SNAP STATE :			
TN Food Stamp Records	<input checked="" type="checkbox"/>	01/01/1900	<input checked="" type="checkbox"/>
Out-Of-State Food Stamp Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group H (SSI Recipient) <input type="checkbox"/>			
TN SSI Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group I (Long-Term TANF Recipient) <input type="checkbox"/>			
TANF STATE :			
TN TANF RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-Of-State TANF Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Target Group L (Long-Term LTUB Recipient) <input type="checkbox"/>			
STATE :			
TN LTUB RECORDS	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Out-Of-State LTUB Records	<input type="checkbox"/>	MM/DD/YYYY	<input type="checkbox"/>
Approvals/Denials			
Approved For WOTC Tax Certifications	<input checked="" type="checkbox"/>		
Rejected For WOTC Tax Certifications	<input type="checkbox"/>		
<input type="button" value="Submit"/>			

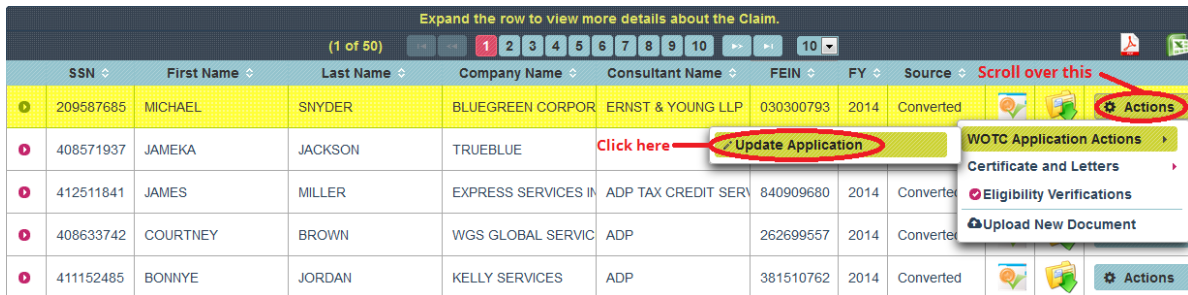
This is what an ineligible looks like

This is what an eligible looks like

Do not forget to check the 'Approved' or 'Rejected' boxes at the bottom of this screen! This issues the tax credit.

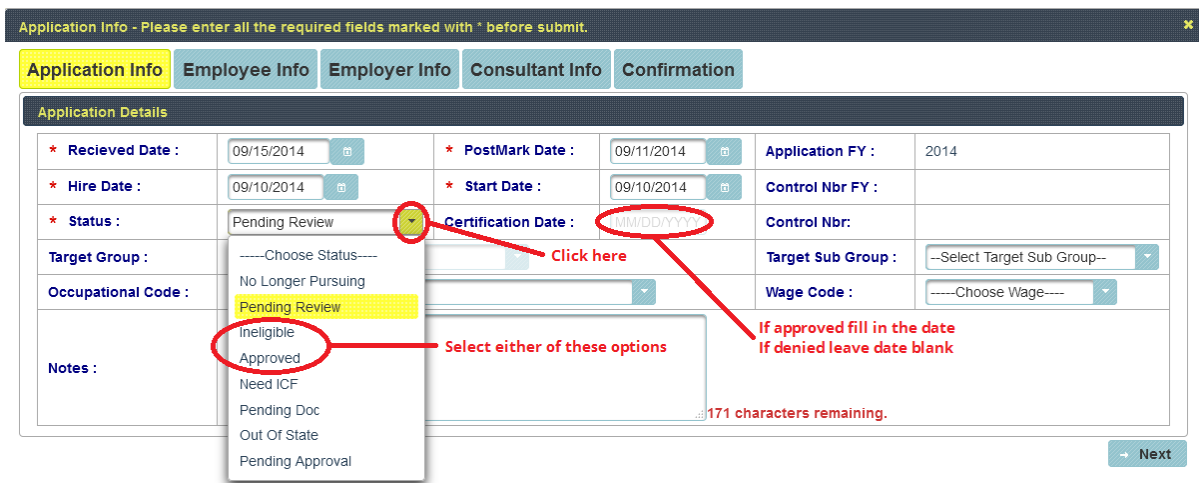
Be sure to check boxes and fill in dates for all target groups being applied for. In the example above the individual has applied for target groups A, C, and G but has only been approved for target groups C and G. The **'Approved for WOTC Certifications'** or **'Rejected for WOTC Certifications'** box must be checked at the bottom of this window to issue a final tax credit determination. Then click **'Submit'**.

- 2) From the home screen scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down to **'WOTC Application Actions'** then scroll over and click, **'Update Application'**:



SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted	[Actions]
408571937	JAMEKA	JACKSON	TRUEBLUE					[Click here] [Update Application]
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV	840909680	2014	Converted	
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted	
411152485	BONNYE	JORDAN	KELLY SERVICES	ADP	381510762	2014	Converted	[Actions]

- 3) In the **'Application Info'** window click the drop-down menu next to **'Status'** and scroll down until either **'Ineligible'** or **'Approved'** are selected:



Application Info - Please enter all the required fields marked with * before submit.

Application Info | Employee Info | Employer Info | Consultant Info | Confirmation

Application Details

* Recieved Date :	09/15/2014	* PostMark Date :	09/11/2014	Application FY :	2014
* Hire Date :	09/10/2014	* Start Date :	09/10/2014	Control Nbr FY :	
* Status :	Pending Review	* Certification Date :		Control Nbr:	
Target Group :	-----Choose Status-----			Target Sub Group :	--Select Target Sub Group--
Occupational Code :	No Longer Pursuing			Wage Code :	-----Choose Wage-----
Notes :	Pending Review Ineligible Approved Need ICF Pending Doc Out Of State Pending Approval				

171 characters remaining.

Next

If the individual is **'Approved'** fill in the **'Certification Date'** with the current date. If the individual is **'Ineligible'** the date field will not allow a date to be entered.

- 4) If the individual is **'Approved'** then selections will also have to be made for **'Target group'**, **'Occupational Code'** and **'Wage Code'**:

Application Info - Please enter all the required fields marked with * before submit.

Application Info Employee Info Employer Info Consultant Info Confirmation

Application Details

* Recieved Date :	09/15/2014	* PostMark Date :	09/11/2014	Application FY :	2014
* Hire Date :	09/10/2014	* Start Date :	09/10/2014	Control Nbr FY :	
* Status :	Approved	* Certification Date :	01/01/1900	Control Nbr:	
* Target Group :	--Select Target Group--	* Target Sub Group :	--Select Target Sub Group--		
* Occupational Code :	--Choose Occupation--	* Wage Code :	--Choose Wage--		

Notes :

If approved fill these in
If denied these won't be able to be changed.

171 characters remaining.

Next

If the individual is **'Ineligible'** then the options listed above will not provide a menu where options can be selected. This step has been included in the event that fields have not been auto-populated. In most cases this step is not necessary because fields are auto-populated.

- 5) Once the individual is approved or ineligible in the **'Application Details'** window click the **'Next'** button until the following screen is reached:

Application Info - Please enter all the required fields marked with * before submit.

Application Info Employee Info Employer Info Consultant Info Confirmation

Confirmation

Application Details	Employee Details	Employer Details	Consultant Details
Recieved Date: 09-15-2014	SSN: xxxxxx	FEIN:	Consultant Name: ERNST & YOUNG LLP
Post Mark Date: 09-11-2014	First Name: John	Company Name: BLUEGREEN CORPORATION	Representative: KELLY GIPSON
Input Fiscal year: 2014	Last Name: Doe	Representative:	Address 1: 1201 ELM STREET
Hire Date: 09-10-2014	Birth Date: 01/01/1900	Address 1: 123 Any Street	Address 2: SUITE 1400
Start Date: 09-10-2014	Address 1: 123 Any Street	Address 2:	City: DALLAS
Status: 02	Address 2:	City:	State: TX
Certification Date:	City:	State: TN	Zip: 75270
Target Group:	State: TN	Zip:	Phone: 2147561035
Sub Group:	Zip:	Phone: 0	
Occupational Code:			
Start Wage Code:			

Submit Click here and the process is finished

Back

Click the **'Submit'** button and return to the home screen.

- 6) If the individual is 'Ineligible' for the tax credit scroll over 'Actions' then scroll down to 'Certificate and Letters' then click on 'WOTC Letters':

Expand the row to view more details about the Claim.

(1 of 50)

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted	Click here WOTC Letters Print Certificate (Not Approved) Re Issue Certificate
408571937	JAMEKA	JACKSON	TRUEBLUE		911287341	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDI				
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP				
411152485	BONNYE	JORDAN	KELLY SERVICES	ADP	381510762	2014	Converted	

- 7) In the 'Letters' window that opens select 'Programmatic Denial' then click 'Generate Letter and Upload':

Letters

Select Letter Type

☒ POA ☐ NEED ICF ☐ PENDING DOCUMENTATION
☒ PROGRAMMATIC DENIAL ☒ ADMINISTRATIVE DENIAL

If the individual is a rehire, except target group F, click here

If an individual is ineligible generate the letter by clicking here

Select the Reasons

Select Address

☒ Employer

Employer Representative	
Employer Name	TRUEBLUE
Employer Address 1	
Employer Address 2	
Employer City, State, Zip	. . .

☐ Consultant

Consultant Representative	
Consultant Name	ADP
Consultant Address 1	
Consultant Address 2	
Consultant City, State, Zip	. . .

Always select Consultant unless one doesn't exist, then select employer

Then click here to generate the letter

Generate Letter And Upload Preview Letter

'Programmatic Denial' will be selected if the applicant: doesn't meet the target group age requirement, has not received benefits, cannot prove veteran status, or any other instance where they have not met the criteria from **Chapter 1.2 Target Group Eligibility**.

'Administrative Denial' will be selected if forms have not been filled out properly or if the applicant is a rehire (except target group F).

- 8) If the individual is 'Approved' for the tax credit scroll over 'Actions' then scroll down to 'Certificate and Letters' then click on 'Print Certificate':

Expand the row to view more details about the Claim.

(1 of 50) 1 2 3 4 5 6 7 8 9 10 10

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPORA	ERNST & YOUNG LLP	030300793	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted	WOTC Letters Print Certificate (Not Approved) Re Issue Certificate
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT				
408633742	COURTNEY	BROWN	If approved click here to generate the certificate					
411152485	BONNYE	JORDAN	KELLY SERVICES	ADP	381510762	2014	Converted	Actions
415132293	ANTHOY	YOUNG	TRUEBLUE	ADP	911287341	2014	Converted	Actions

- 9) The generated tax certificate looks like this:

STATE OF TENNESSEE
Department of Labor & Workforce Development

EMPLOYER TAX CERTIFICATE
WORK OPPORTUNITY TAX CREDIT

1. Name & Address of Certifying Agency Tennessee Department of Labor & Workforce Development 220 French Landing Drive Nashville, TN 37243	2. Control Number 2016B-000383	3. Date Completed 10/27/2015
4. Phone Number 615-253-6664		

Part A (Employer)

1. Name & Address of Employer ALMOST FAMILY, INC. 5741 W. ANDREW JOHNSON HWY MORRISTOWN, TN, 37814	2. Phone Number	3. IRS Identification Number 061153720
4. Employer Representative		

Part B (Employer Tax Consultant, if applicable)

1. Name & Address of Consultant ADP TAX CREDIT SERVICES 2205 ENTERPRISE DRIVE P. O. BOX 108850 FLORENCE, SC, 29501	2. Phone Number 800-868-1836	3. Authorized Consultant Representative
--	---------------------------------	---

Part C (Employee)

1. Name & Address of Employee John Doe 123 Any Street XXX, TN, XXXXX	2. Targeted Group G	3. Starting Date of Employment 04/11/2014
4. Social Security Number 412-73-8448		

Double check that this matches the target group being applied for

I HEREBY CERTIFY that the individual named in part C, above, meets the eligibility criteria of Section 51 of the Internal Revenue Code.

Nicholas Bishop
State WOTC Coordinator
(Certifying Officer)

(Signature of Certifying Officer)

10/27/2015
(Date)

Employers are hereby informed that they cannot claim both the WOTC & W2W tax credits for the same employee in the same taxable year.

Two-Tier Minimum Employment period Under the WOTC. Under the provisions of the Taxpayer Relief Act of 1997, employers can claim a 25% WOTC for those target group members who were employed by the employer for at least 120 hours or a 40% credit for individuals performing 400 hours or more of work for the employer. (120 hours in the case of summer youth employees).

This tax certificate and allowable credit will cease immediately upon notification of any subsequent INVALIDATION from the certifying agency.

CONSULT IRS PUBLICATIONS FOR MORE DETAILED INFORMATION

LB-0708 (Rev. 11-00) RDA 2795

Double check to make sure that the target group being applied for matches the certificate (as seen above). **If the applicant has been 'Approved' yet the tax certificate shows target group which does not match the application then reference 'Correcting Errors in Certificates' below.**

Chapter 2.2

Correcting Errors in Certificates

Correcting Errors in Certificates

If the target group displayed in the certificate does not match that of the application return to Step 4 in **'General Steps to Issue Determinations Part 2'** on page 2. In the **'Application Info'** screen correct the selection in the **'Target Group'**. Then click the **'Next'** button until the final screen. Then click the **'Submit'** button. Then return to the home screen.

To issue a new tax certificate scroll over **'Actions'** then scroll down to **'Certificate and Letters'** then click on **'Re Issue Certificate'**:

Expand the row to view more details about the Claim.

(1 of 50) 1 2 3 4 5 6 7 8 9 10 10

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted	Actions
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted	Actions
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV	840909680	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
408633742	COURTNEY	BROWN	WGS GLOBAL SERVICE					WOTC Letters Print Certificate (Not Approved) Re Issue Certificate
411152485	BONNYE	JORDAN	KELLY SERVICES					

Second click here

First click here

From the home screen scroll over **'Actions'** then scroll down to **'Certificate and Letters'** then click on **'Print Certificate'**. This will generate a corrected tax certificate. **Make sure that the target group on the certificate matches the one being 'Approved'.**

Chapter 2.3

Uploading Documents

Uploading Documents

The process to issue determinations for some target groups requires that supporting documents are uploaded into the application to confirm an individual's eligibility. To upload documents into an application follow these steps:

- 1) A screenshot must be captured and uploaded into the application to verify that the individual is eligible for the tax credit. To do this press the **'Print Scrn/Sys Rq' + 'Alt'** buttons:

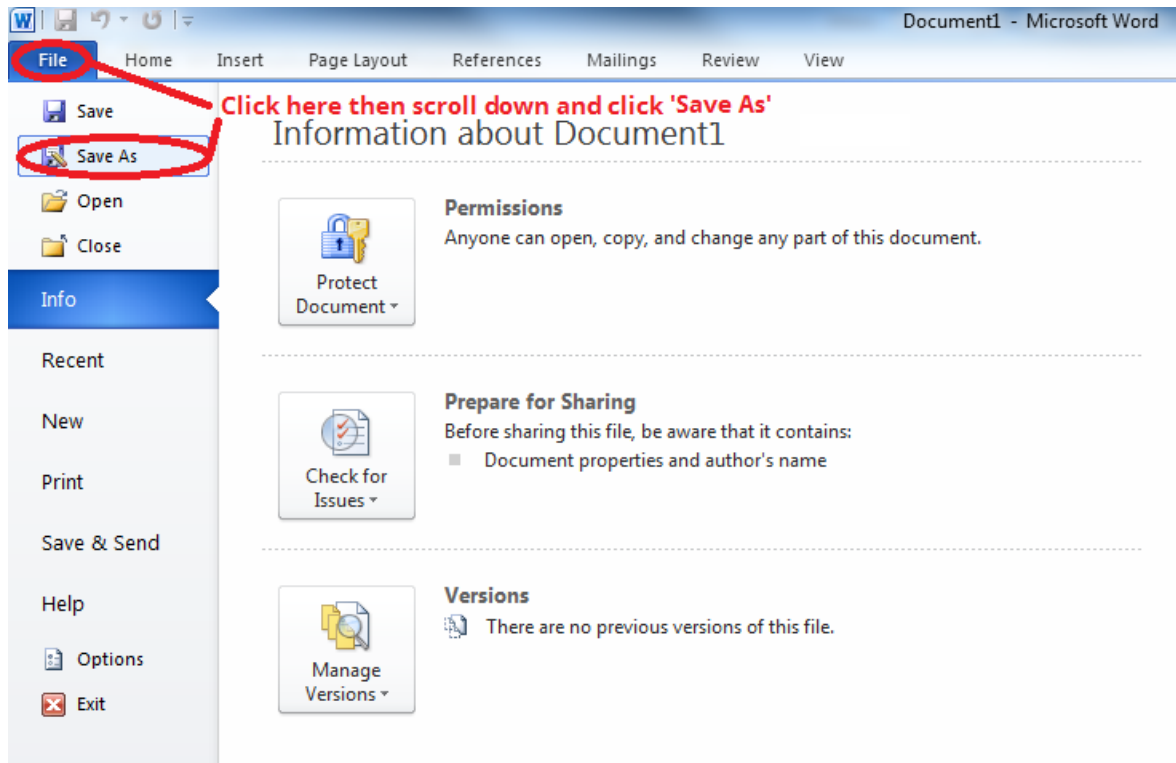


By pressing the **'Alt'** button a screen shot of only the active screen will be captured.

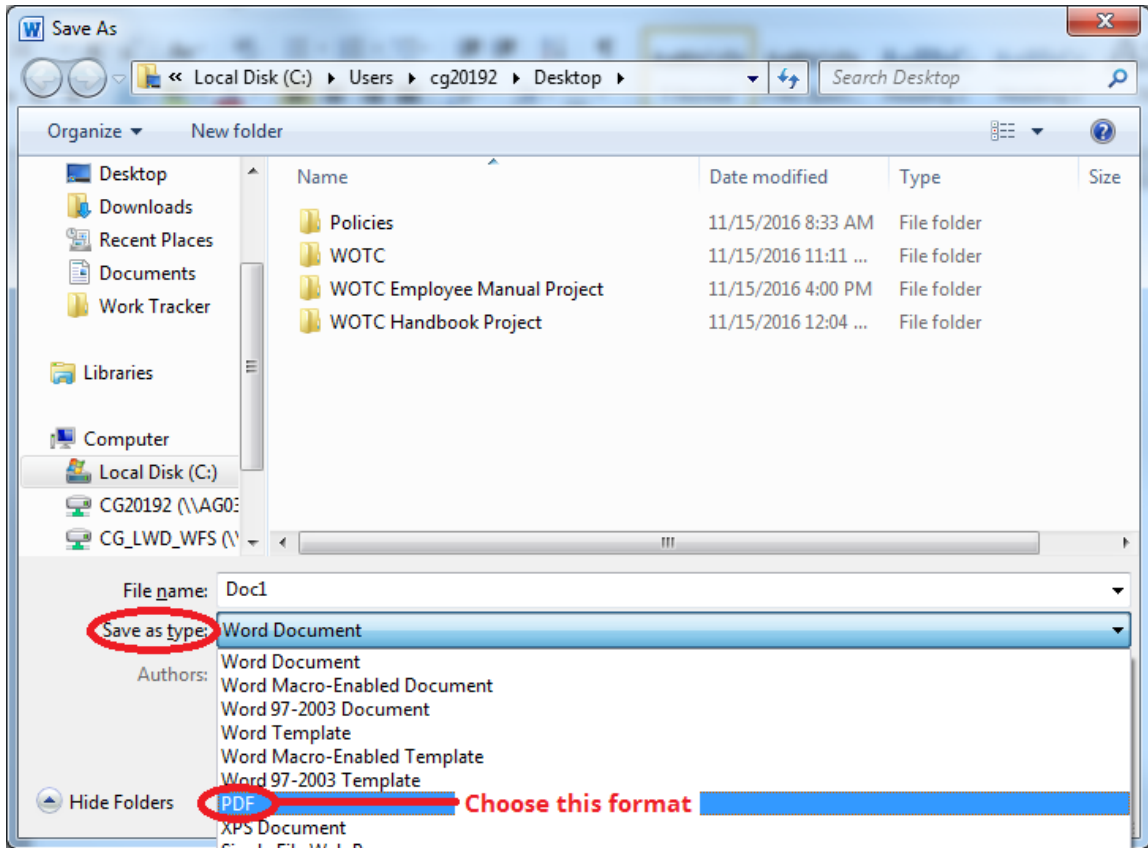
Once the screen shot is captured open a new Microsoft Word document and press **'Ctrl + V'** to paste this screen shot image into the new Microsoft Word document:



2) In the new Microsoft Word document click **'File'** and scroll down to **'Save As'**:



- 3) In the **'Save As'** window find the **'Save As Type'** drop down and select **'PDF'**:



Be sure to save this document in an easily accessible folder. The best policy is to save files, separated by target group, into a folder that is located on the computer desktop.

- 4) Click the folder icon, named **'View Attached Documents'**, to upload this saved document:

Expand the row to view more details about the Claim.

(1 of 50) 1 2 3 4 5 6 7 8 9 10 10

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source			
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted			
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted			
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV	840909680	2014	Converted			
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted			
411152485	BONNYE	JORDAN	KELLY SERVICES	ADP	381510762	2014	Converted			

Click here

5) In the screen that appears click the **'Upload New Documents'** button:

The screenshot shows a dark blue header bar with a button labeled "Upload New Documents" circled in red. A red arrow points to the button with the text "Click here". Below the header is a table with the following columns: File Name, Target Group, Document Type, Scan Date, and Actions. The table contains one row of data. Below the table is a section titled "Missing Documents" which states "No records found."

File Name	Target Group	Document Type	Scan Date	Actions
408633742-08272014-2	A (Short Term TANF)	8850 and 9061	10-14-2015	

6) Select **'Target Group'** and **'Document Type'** then to select the file to be uploaded click the **'Choose'** button and select the file from the folder on the desktop:

The screenshot shows a form titled "New Document Upload - Please enter all the required fields marked with * before submit." The form has the following fields: Target Group (dropdown), Document Type (dropdown), Scan Date (date field), Mail Date (date field), Notes (text area), and File Name (text field with a "Choose" button). The "Notes" field has a red message "Make sure a document appears here" and a character count "200 characters remaining." The "File Name" field shows "Document.txt" and is circled in red. A red arrow points to the "Submit" button with the text "Click here".

* Target Group : [dropdown] Document Type : [dropdown]
* Scan Date : 11/16/2016 Mail Date : MM/DD/YYYY
Notes : [text area] 200 characters remaining.
* File Name : [Choose] Document.txt
Submit Click here

Once all fields have been filled and the file for upload has been chosen click the **'Submit'** button.

Now all necessary documents have been uploaded documents into the application.

Chapter 2.4

Target Groups A, G, and I

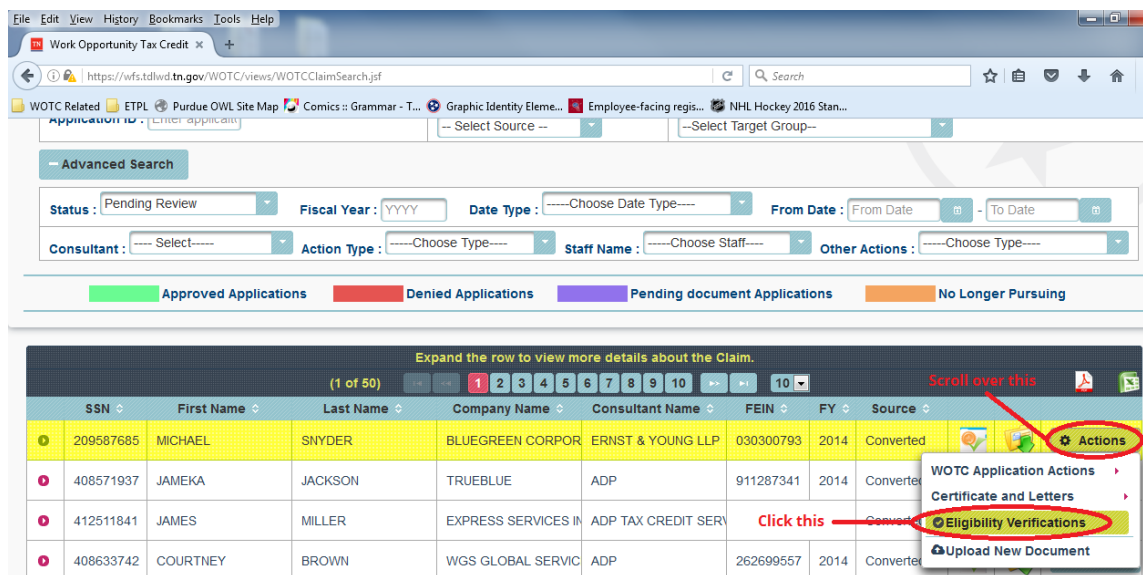
Determinations for Target Groups A, G, and I

First review **'Target Group Eligibility' Chapter 1.2, Page 4.**

The easiest target groups to issue determinations for are target groups A, G, and I. The process is exactly the same for each of these target groups.

To begin the process for issuing determinations for target groups A, G, and I begin by following the two steps under **'General Steps to Issue Determinations Part 1' on page 20.** Once this has been done continue by following these steps:

- 1) From the home screen scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click, **'Eligibility Verifications'**:



2) This option will lead to the following **'Eligibility Verifications'** window:

Eligibility Verifications

Verify with DHS

Request Details	
SSN:	408571937
Hire Date:	08-15-2014
Requested Date:	03-02-2016
Sent To DHS:	03-02-2016

DHS Response Details	
First Name:	John
Last Name:	Doe
Birth Date:	01/01/1900
Target Group A:	Y
Target Group B:	Y
Target Group G:	N
Target Group I:	N
DHS Response Date:	01/01/2000

Y for eligible
N for ineligible

Use this date in Quality Review Sheet

If the applicant did not receive a 'Y' under the **'DHS Response Details'** the applicant is not eligible for the tax credit.

This screen is important because it will display two key pieces of information: which target group(s) the individual qualifies for and the date Department of Human Services (DHS) issued a response. Once you have reviewed the target group(s) being applied for and the date a determination was issued you can close these windows and return to the **'Quality Review Sheet'**.

To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2'** on page 21.

Chapter 2.5

Target Group C

Determinations for Target Group C

First review the 'Target Group Eligibility' Chapter 1.2, Page 4.

To begin the process for issuing determinations for target group C begin by following the two steps under 'General Steps to Issue Determinations Part 1' on page 20. Once this has been done continue by following these steps:

- 1) From the home screen scroll over 'Actions'. Once over the 'Actions' drop-down you will have the option to scroll down and click 'Eligibility Verifications':

Expand the row to view more details about the Claim.

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source
209587685	MICHAEL	SNYDER	BLUEGREEN CORP	ERNST & YOUNG LLP	030300793	2014	Converted
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV	262699557	2014	Converted
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP			

- 2) In the screen that appears locate the 'TDOC Verifications':

Verify with TDOC ☐ No

Request Details	
SSN:	XXXXXX
Hire Date:	07-07-2014
Requested Date:	06-08-2016
Sent To TDOC:	06-10-2016

TDOC Response Details	
First Name:	
Last Name:	
Birth Date:	
Conviction Date:	
Release Date:	
TDOC Response Date:	06-13-2016

If one or both of these contains a date it is approved

If both don't contain dates it is denied

Next find both the **'Conviction Date'** and **'Release Date'** fields. If one or both fields are filled with a date the individual is eligible for the tax credit.

If both **'Conviction Date'** and **'Release Date'** are empty check Form 9061 to see whether it is a Federal or State conviction have been applied for. If State is applied for click deny, but if Federal is applied for then continue with the following steps:

- 3) Go to <https://www.bop.gov/inmateloc/> and fill in the fields then click **'Search'**

Federal Bureau of Prisons
Correctional Excellence. Respect. Integrity.

Home About Us Inmates Locations Jobs Business Resources Contact Us

Find an inmate.
Locate the whereabouts of a federal inmate incarcerated from 1982 to the present.

Find By Number Find By Name

First Middle Last Race Age Sex

Fill these fields with information from application

Click here Clear Form Search

This search may yield multiple results:

Find an inmate.
Locate the whereabouts of a federal inmate incarcerated from 1982 to the present.

Find By Number Find By Name

First Middle Last Race Age Sex

John Doe

100 Results for search John Doe
(Search Limit Reached)

Clear Form Search

Name	Register #	Age	Race	Sex	Release Date	Location
JOHN DOE	00799-069	67	White	Male	06/29/1989	RELEASED
JOHN DOE	00861-075	60	Black	Male	01/07/1983	RELEASED
JOHN DOE	02717-036	63	White	Male	12/28/2001	RELEASED
JOHN DOE	03911-050	60	Black	Male	10/28/1985	RELEASED
JOHN DOE	04941-027	59	Black	Male	01/26/1998	RELEASED
JOHN DOE	04997-112	49	White	Male	09/18/1995	RELEASED
JOHN DOE	07077-036	36	Black	Male	02/27/2029	Loretto FCI
JOHN DOE	07251-062	51	Black	Male	04/08/2010	RELEASED

- 4) In this case refer to the **'Safety Verifications'** located in the **'Eligibility Verifications'** below **'DHS Verification'**. Click the **'Verify with DOS'** button:

Eligibility Verifications

DHS Verification
Safety Verification
UI Verifications
TDOC Verifications

Verify with DOS **Yes** Click here

Make sure first name, last name, and birth date match info listed in application

Request Details	
SSN:	xxxxxx
Hire Date:	08-15-2014
Requested Date:	11-15-2016
Sent To DOS:	11-15-2016

DOS Response Details	
First Name:	
Last Name:	
Birth Date:	
Address 1:	
Address 2:	
City State Zip:	
DOS Response Date:	11-15-2016

If the first name, last name, and birth date information listed in the **'Safety Verification'** matches the first name, last name, and age information on the Bureau of Prison website **and** the hire date is within one year of the conviction or release date the individual is eligible for the tax credit.

If the first name, last name, and birth date information listed in the **'Safety Verification'** does not match the first name, last name and age information on the Bureau of Prison website **or** the hire date is not within one year of the conviction or release date the individual is not eligible for the tax credit.

To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2'** on page 21. To upload any necessary documents follow the steps under **'Uploading Documents'** on page 30. Documents must be uploaded only if the individual is eligible for a tax credit.

Chapter 2.6

Target Groups D and F

Determinations for Target Groups D and F

First review the **'Target Group Eligibility' Chapter 1.2, Page 4.**

To begin the process for issuing determinations for Target groups D and F begin by following the two steps under **'General Steps to Issue Determinations Part 1'** on page 20. Once this has been done continue by following these steps:

- 1) From the home screen scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click **'Eligibility Verifications'**:

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source
209587685	MICHAEL	SNYDER	BLUEGREEN CORP	ERNST & YOUNG LLP	030300793	2014	Converted
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV	Click this	Converted	
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted

- 2) The default screen will display **'DHS Verification'**. Located below this is the **'Safety Verification'**. Once in this screen click the **'Verify with DOS'** button then look at the results in the **'DOS Response Details'** field:

Eligibility Verifications

DHS Verification
Safety Verification
UI Verifications
TDOC Verifications

Verify with DOS **Yes** Click here

Make sure first name, last name, and birth date match info listed in application

Request Details	
SSN:	XXXXXX
Hire Date:	08-15-2014
Requested Date:	11-15-2016
Sent To DOS:	11-15-2016

DOS Response Details	
First Name:	
Last Name:	
Birth Date:	
Address 1:	
Address 2:	
City State Zip:	
DOS Response Date:	11-15-2016

Also make sure the address matches the application and is located within the Empowerment Zone

The first and last names should match those in the application, but most importantly the address listed under **'DOS Response Details'** should match that of the application and be located within an Empowerment Zone.

If there is no information given by DOS then follow the steps under **'General Steps to Issue Determinations Part 2' on page 2** and select **'Pending Doc'** under **'Status'**. Then in the **'Letters'** window select **'Pending Documentation'**, check the box under **'Select the Reasons'** to indicate which documents are needed, then click **'Generate Letter and Upload'**.

If the individual is between the ages of 18 and 39 **and** resides within an Empowerment Zone they are eligible for target group D tax credit

If the individual is between the ages of 16 and 17 **and** resides within an Empowerment Zone **and** employment is between May 1st and September 15th they are eligible for a target group F tax credit.

If the individual does not meet all the above criteria they are not eligible for the tax credit.

To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2' on page 21**. To upload any necessary documents follow the steps under **'Uploading Documents' on page 30**. Documents must be uploaded only if the individual is eligible for a tax credit.

Chapter 2.7

Target Group B

Issuing Determinations for Target Group B

Finding Proof of Veteran Status

This primary process is important because it applies to all veteran categories. For this reason it will always be the first part of issuing determinations for veterans. Follow these steps:

- 1) Access the '**Servicemembers Civil Relief Act**' website at <https://scra.dmdc.osd.mil/>
- 2) Click the '**Single Record Request**' button:



- 3) In the screen that appears fill in the fields as demonstrated below:

* Indicates a required field

* SSN	<input type="text" value="Fill this field"/>		SSN OR Birth Date Required
* Repeat SSN	<input type="text" value="Fill this field"/>		
* Birth Date	<input type="text" value="Fill this field"/> <small>MM/DD/YYYY(e.g., 09/16/2012)</small>		
<hr/>			
* Last Name	<input type="text" value="Fill this field"/>		
First Name	<input type="text" value="Fill this field"/>		
Middle Name	<input type="text"/>		
* Active Duty Status Date	<input type="text" value="Fill this field"/> <small>MM/DD/YYYY(Default will be today's date e.g., 11/17/2016)</small>		
<hr/>			
		<input type="button" value="Clear"/>	<input type="button" value="Submit"/>

The '**Active Duty Status Date**' field should be filled in with the date of the 18th birthday of the applicant. This is to begin at the first opportunity that the applicant

was eligible for military service. If this search does not yield a PDF where the **'Active Duty Start Date'** and **'Active Duty End Date'** are filled in then add one year to the birth date and search again. For example: if 01/01/1900 does not yield results in the 'Active Duty' fields continue by searching 01/01/1901 and continue this process until dates are found under the 'Active Duty' fields in the PDF.

4) Locate the **'Active Duty Start Date'** and **'Active Duty End Date'**:

Department of Defense Manpower Data Center

Results as of : Nov-17-2018 08:15:54 AM

SCRA 3.0



Status Report
Pursuant to Servicemembers Civil Relief Act

Last Name: John

First Name: Doe

Middle Name: _____

Active Duty Status As Of:

Begin with the birthday and add 1 year until
these fields are filled

If N/A search again

On Active Duty On Active Duty Status Date			
Active Duty Start Date	Active Duty End Date	Status	Service Component
		No	NA
This response reflects the individuals' active duty status based on the Active Duty Status Date			

Left Active Duty Within 367 Days of Active Duty Status Date			
Active Duty Start Date	Active Duty End Date	Status	Service Component
NA	NA	No	NA
This response reflects where the individual left active duty status within 367 days preceding the Active Duty Status Date			

The Member or His/Her Unit Was Notified of a Future Call-Up to Active Duty on Active Duty Status Date			
Order Notification Start Date	Order Notification End Date	Status	Service Component
NA	NA	No	NA
This response reflects whether the individual or his/her unit has received early notification to report for active duty			

To upload any necessary documents follow the steps under **'Uploading Documents'** on **page 8**. Documents must be uploaded only if the individual is eligible for a tax credit.

SNAP Benefit Veteran

First review the **'Target Group Eligibility' Chapter 1.2, Page 4**.

- 1) To begin the process to issue determinations for SNAP Benefit Veterans begins by following the two steps under **'General Steps to Issue Determinations Part 1'** on **page 20**. From the home screen scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click, **'Eligibility Verifications'**:

2) This option will lead to the **'Eligibility Verification'** window:

If the applicant did not receive a 'Y' under the **'DHS Response Details'** the applicant is not eligible for the tax credit.

To finish the determination follow the steps under **'Finding Proof of Veteran Status'** (on page 19) then follow the steps under **'General Steps to Issue Determinations Part 2'** on page 21.

Recently Separated Disabled Veteran

First review the **'Target Group Eligibility'** on Chapter 1.2, Page 4.

To begin the process to issue determinations for Recently Separated Disabled Veterans begin by following the two steps under **'General Steps to Issue Determinations Part 1'**

on page 20. Then follow the steps under **'Finding Proof of Veteran Status'** (on page 19). Continue by following these steps:

- 1) To generate a scroll over **'Actions'** then scroll down to **'Certificate and Letters'** then click on **'WOTC Letters'**:

Expand the row to view more details about the Claim.

(1 of 50) 1 2 3 4 5 6 7 8 9 10

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
267474480	NATHAN	HOBBS	L 3 COMMUNICATIONS	ERNST & YOUNG LLP	133937436	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
521533591	COREY	JOHNSON	SERVICEMASTER GLO	Click here	208738320	2014	Converted	WOTC Letters Print Certificate (Not Approved) Re Issue Certificate
411358557	GEORGE	SPARKS	AARONS INC	ERNST AND YOUNG				
410719427	MONTAVIOUS	MOORE	AT AND T INC	ERNST & YOUNG				
243690195	SAMUEL	SHELTON	AT AND T INC	ERNST & YOUNG LLP	431301883	2014	Converted	Actions

- 2) Click the options listed below and then click **'Generate Letter and Upload'**:

Letters

Select Letter Type

☐ POA
 ☐ NEED ICF
 ☒ PENDING DOCUMENTATION
 ☐ PROGRAMMATIC DENIAL
 ☐ ADMINISTRATIVE DENIAL

Select the Reasons

☐ Proof of Veteran Status
 ☒ Proof Of Military Disability Payments
 ☐ Proof of Age
 ☐ Proof of Address
 ☐ Proof of SSI Payments
 ☐ Proof of Voc. Rehab
 ☐ Form ETA 9175

Select Address

Select all these options then click 'Generate Letter and Upload'

☒ Employer

Employer Representative	
Employer Name	
Employer Address 1	
Employer Address 2	
Employer City, State, Zip	

☒ Consultant

Consultant Representative	
Consultant Name	
Consultant Address 1	
Consultant Address 2	
Consultant City, State, Zip	

Generate Letter And Upload

Preview Letter

In the event that no information could be found by using the process under **'Finding Proof of Veteran Status' (on page 19)** it may be necessary to also click **'Proof of Veteran Status'** box to include this as part of the **'Pending Documentation Letter'**.

To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2' on page 21**. To upload any necessary documents follow the steps under **'Uploading Documents' on page 30**. Documents must be uploaded only if the individual is eligible for a tax credit.

Short-Term and Long-Term Unemployed Veteran

First review the **'Target Group Eligibility' Chapter 1.2, Page 4**.

To begin the process for issuing determinations for Short and Long-Term Unemployed Veterans begin by following the two steps under **'General Steps to Issue Determinations Part 1' on page 1**. Once this has been done continue by following these steps:

- 1) From the home screen scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click **'Eligibility Verifications'**:

The screenshot shows the WOTC Claim Search interface. At the top, there is a search bar and a navigation menu. Below the search bar, there are filters for Status, Fiscal Year, Date Type, From Date, To Date, Consultant, Action Type, Staff Name, and Other Actions. A legend indicates the status of applications: Approved Applications (green), Denied Applications (red), Pending document Applications (purple), and No Longer Pursuing (orange).

The main table displays a list of applications. The columns are: SSN, First Name, Last Name, Company Name, Consultant Name, FEIN, FY, and Source. The first row is highlighted in yellow. The 'Actions' column for the first row is circled in red, and a dropdown menu is open, showing options: WOTC Application Actions, Certificate and Letters, Eligibility Verifications (highlighted in yellow), and Upload New Document. A red arrow points to the 'Eligibility Verifications' option, and a red circle is around it. A red line points to the 'Click this' text next to the 'Eligibility Verifications' option.

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted	
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SER			Converted	
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted	

- 2) This option will lead to the **'Eligibility Verification'** window. The default window is the 'DHS Verification' but under this is the **'UI Verificaitons'**:

Eligibility Verifications

DHS Verification
Safety Verification
UI Verifications
TDOC Verifications

Verify with UI

Request Details	
SSN:	
Hire Date:	08-27-2014
Requested Date:	03-07-2016
Sent To DHS:	03-07-2016

UI Response Details	
First Name:	John
Last Name:	Doe
Birth Date:	01/01/1900
Total UI Benefit Weeks:	0
Wages - Hire Date Quarter:	414.51
Wages - Previous 1st Quarter:	0
Wages - Previous 2nd Quarter:	0
Wages - Previous 3rd Quarter:	0
Wages - Previous 4th Quarter:	0
UI Response Date:	03-08-2016

A veteran is eligible for Short-Term Unemployed the tax credit if 'Total UI Benefit Weeks' are between 4 and 25 weeks **or** 'Wages' display an amount that must be zero (\$0) for one quarter.

A veteran is eligible for Long-Term Unemployed tax credit if 'Total UI Benefit Weeks' are 26 weeks (or more) **or** 'Wages' display an amount that must be zero (\$0) in at least two quarters.

If all the above criteria is not met the individual is not eligible for the tax credit.

To finish the determination follow the steps under **'Finding Proof of Veteran Status' (on page 19)** then follow the steps under **'General Steps to Issue Determinations Part 2' on page 21**. To upload any necessary documents follow the steps under **'Uploading Documents' on page 30**. Documents must be uploaded only if the individual is eligible for a tax credit.

Unemployed Disabled Veteran

First review the **'Target Group Eligibility' on Chapter 1.2, Page 4**.

To begin the process for issuing determinations for Unemployed Disabled Veteran begins by following the two steps under **'General Steps to Issue Determinations Part 1' on page 20**. Once this has been done continue by following the steps for **'Short and Long-Term**

Unemployed Veterans' on page 49. Once this is done follow the steps under **'Recently Separated Disabled Veteran' on page 21.**

To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2' on page 21.** To upload any necessary documents follow the steps under **'Uploading Documents' on page 30.** Documents must be uploaded only if the individual is eligible for a tax credit.

Chapter 2.8

Target Group E

Determinations for Target Group E

First review **'Target Group Eligibility' Chapter 1.2, Page 4.**

To begin the process for issuing determinations for target group E begin by following the two steps under **'General Steps to Issue Determinations Part 1' on page 20.** Once this has been done continue by following these steps:

- 1) Check to make sure that there are not any other target groups for which the individual has applied and is eligible for. To do this scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click, **'Eligibility Verifications'**:

The screenshot shows the WOTC Claim Search interface. At the top, there is a search bar and a 'Search' button. Below the search bar, there are filters for 'Status' (Pending Review), 'Fiscal Year' (YYYY), 'Date Type' (Choose Date Type), 'From Date' (From Date), 'To Date' (To Date), 'Consultant' (Select), 'Action Type' (Choose Type), 'Staff Name' (Choose Staff), and 'Other Actions' (Choose Type). Below the filters, there are four colored buttons: 'Approved Applications' (green), 'Denied Applications' (red), 'Pending document Applications' (purple), and 'No Longer Pursuing' (orange). Below the buttons, there is a table of applications. The table has columns: SSN, First Name, Last Name, Company Name, Consultant Name, FEIN, FY, Source, and Actions. The first row of the table is highlighted in yellow. The 'Actions' column for the first row has a dropdown menu open, showing options: 'WOTC Application Actions', 'Certificate and Letters', 'Eligibility Verifications' (highlighted in green), and 'Upload New Document'. A red arrow points to the 'Eligibility Verifications' option. Another red arrow points to the 'Actions' column header. A red arrow points to the 'Click this' text next to the 'Eligibility Verifications' option.

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted	
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV			Converted	
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted	

2) This option will lead to the following **'Eligibility Verifications'** window:

Eligibility Verifications

DHS Verification
Safety Verification
UI Verifications
TDOC Verifications

Verify with DHS ☐ No

Request Details	
SSN:	408571937
Hire Date:	08-15-2014
Requested Date:	03-02-2016
Sent To DHS:	03-02-2016

Use this date in Quality Review Sheet

DHS Response Details	
First Name:	John
Last Name:	Doe
Birth Date:	01/01/1900
Target Group A:	Y
Target Group B:	Y
Target Group G:	N
Target Group I:	N
DHS Response Date:	01/01/2000

Y for eligible
N for ineligible

If the applicant did received a 'Y' under the **'DHS Response Details'** the applicant is eligible for another target group and no further steps are needed to issue a determination. If the applicant received a 'N' under the **'DHS Response Details'** then steps can continue to issue a determination for target group H.

3) The next step, if there are no other approvals, is to search the Form 9061. This is done by following the steps below, ultimately clicking **'View Documents'**:

Expand the row to view more details about the Claim.

SSN	File Name	Target Group	Document Type	Scan Date	Actions
228519353	20150611110300.pdf	H (SSI Recipient)	8850 and 9061	08-17-2015	Actions

First Click Here

Second Click Here


Third Click Here

View Document


Missing Documents

Target Group H (SSI Recipient) has been opted and the required documentation for this group has not been uploaded.

- 4) The window that opens appears as below, again clicking 'View Documents':

Viewing Selected Document Details			
File Name :	20150611110300.pdf	Click Here	 View Document
Target Group :	H (SSI Recipient)	Document Type :	8850 and 9061
Scan Date :	08-17-2015	Mail Date :	
Created By :	9	Created On :	08-17-2015
Notes :	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right; color: red;">200 characters remaining.</p>		

- 5) Within the 9061 Form the necessary information will be located under Part 15 of the document. The location is indicated on the image below:



U.S. Department of Labor
Employment and Training Administration

OMB No. 1205-0371
Expiration Date: June 30, 2015

Individual Characteristics Form (ICF)

Work Opportunity Tax Credit		
1. Control No. (For Agency use only)	2. Date Received (For Agency Use only)	
APPLICANT INFORMATION (See instructions on reverse)		
EMPLOYER INFORMATION		
3. Employer Name THE TJX COMPANIES, INC.	4. Employer Address and Telephone 130 Terrace Lane Morristown, TN 37816 (423) 581-4492 (330-1080676)	5. Employer Federal ID Number (EIN) 04-2207613
APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI) Luce, Kyle J.	7. Social Security Number 228-51-9353	8. Have you worked for this employer before? Yes ___ No <u>X</u> If YES, enter last date of employment: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION		
9. Employment Start Date 04/05/2014	10. Starting Wage \$10.00	11. Position Retail
12. Are you at least age 16, but under age 40? Yes ___ No ___ If YES, enter your date of birth 06/23/1987		
13. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___ If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes ___ No ___ If YES, enter name of primary recipient _____ and city and state where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___ If YES, were you discharged or released from active duty within a year before you were hired? Yes ___ No ___ OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ___ No ___		
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? Yes ___ No ___ OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ___ No ___ If YES to either question, enter name of primary recipient _____ and city and state where benefits were received _____		
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___ OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___ OR, by the Department of Veterans Affairs? Yes ___ No ___		

1

ETA Form 9061 – (Rev. July 2013)



Work Opportunity Tax Credit (WOTC) Verification Response

[illegible]

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- 6) If the application seeks approval for **'Vocational Rehabilitation Agency'**, and **approval is sought in Tennessee**, fill out the **'Voc Rehab Spreadsheet'** below with the applicant's **'Name'**, **'Social Security Number'**, and **'Hire Date'**.

	A	B	C	D
1	NAME	SSN	HIRE DATE	VOC REHAB YES OR NO
28				
29				
30				
31				
32				

The **spreadsheet** will then be sent to Trish.Farmer@tn.gov where the **'Voc Rehab Yes or No'** will be filled out and returned.

- 7) Indicate that this file is pending information by adding notes to the application. This can be done by following these steps:

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
412638405	HEATHER	BROWN	DOLLAR GENERAL	ERNST AND YOUNG LL	610502302	2014	Converted	Update Application Delete Application WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
420089830	CHARLES	SMITH	HEALTH MANAGEMENT	ERNST & YOUNG				
415391480	ERIC	OUSLEY	PILOT LOGISTICS SER	ERNST & YOUNG	263908405	2014	Converted	
592081627	MICHAEL	GARLAND	COMMUNITY HEALTH S	ERNST & YOUNG				
067484700	TINA	DEAN						

- 8) In the window that opens an indication must be made that the application is pending information.

Application Info - Please enter all the required fields marked with * before submit.

Application Info Employee Info Employer Info Consultant Info Confirmation

Application Details

* Recieved Date :	04/09/2014	* PostMark Date :	04/07/2014	Application FY :	2014
* Hire Date :	03/24/2014	* Start Date :	03/24/2014	Control Nbr FY :	
* Status :	Pending Review	Certification Date :	MM/DD/YYYY	Control Nbr:	
Target Group :	--Select Target Group--	Target Sub Group :	--Select Target Sub Group--		
Occupational Code :	-----Choose Occupation-----	Wage Code :	-----Choose Wage-----		

Notes : Sent for Vocational Rehab Verification.
1/1/2017 JD

200 characters remaining.

Next

- 9) Once a reply is received either by the **'Ticket to Work Form'** or **'Voc Rehab Spreadsheet'**. To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2'** on page 21.

Chapter 2.9

Target Group H

Determinations for Target Group H

First review **'Target Group Eligibility' Chapter 1.2, Page 4.**

To begin the process for issuing determinations for target group H begin by following the two steps under **'General Steps to Issue Determinations Part 1' on page 1.** Once this has been done continue by following these steps:

- 1) Check to make sure that there are not any other target groups for which the individual has applied and is eligible for. To do this scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click, **'Eligibility Verifications'**:

The screenshot shows the WOTC Claim Search interface. At the top, there is a search bar and a 'Search' button. Below the search bar, there are filters for 'Status' (Pending Review), 'Fiscal Year' (YYYY), 'Date Type' (Choose Date Type), 'From Date' (From Date), 'To Date' (To Date), 'Consultant' (Select), 'Action Type' (Choose Type), 'Staff Name' (Choose Staff), and 'Other Actions' (Choose Type). Below the filters, there are four colored buttons: 'Approved Applications' (green), 'Denied Applications' (red), 'Pending document Applications' (purple), and 'No Longer Pursuing' (orange). Below the buttons, there is a table of applications. The table has columns for SSN, First Name, Last Name, Company Name, Consultant Name, FEIN, FY, and Source. The first row is highlighted in yellow. To the right of the table, there is a dropdown menu labeled 'Actions'. The dropdown menu has four options: 'WOTC Application Actions', 'Certificate and Letters', 'Eligibility Verifications' (highlighted in green), and 'Upload New Document'. A red arrow points to the 'Eligibility Verifications' option. A red circle is around the 'Eligibility Verifications' option. A red circle is around the 'Actions' dropdown menu. A red circle is around the 'Eligibility Verifications' option. A red circle is around the 'Eligibility Verifications' option. A red circle is around the 'Eligibility Verifications' option.

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV			Converted
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted

Determinations for Target Group L

First review **'Target Group Eligibility' Chapter 1.2, Page 4.**

To begin the process for issuing determinations for target group L begin by following the two steps under **'General Steps to Issue Determinations Part 1' on page 20.** Once this has been done continue by following these steps:

- 1) Check to make sure that there are not any other target groups for which the individual has applied and is eligible for. To do this scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click, **'Eligibility Verifications'**:

The screenshot shows the WOTC Claim Search interface. At the top, there is a search bar and a dropdown menu for 'Application ID'. Below this is an 'Advanced Search' section with various filters: Status (Pending Review), Fiscal Year (YYYY), Date Type (Choose Date Type), From Date (From Date), To Date (To Date), Consultant (Select), Action Type (Choose Type), Staff Name (Choose Staff), and Other Actions (Choose Type). Below the search filters are four colored buttons: Approved Applications (green), Denied Applications (red), Pending document Applications (purple), and No Longer Pursuing (orange). The main part of the interface is a table of applications. The table has columns for SSN, First Name, Last Name, Company Name, Consultant Name, FEIN, FY, Source, and Actions. The first row is highlighted in yellow. The 'Actions' column for the first row has a dropdown menu open, showing options: WOTC Application Actions, Certificate and Letters, Eligibility Verifications (highlighted with a red circle), and Upload New Document. A red arrow points to the 'Actions' column header with the text 'Scroll over this'. Another red arrow points to the 'Eligibility Verifications' option with the text 'Click this'.

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source	Actions
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted	WOTC Application Actions Certificate and Letters Eligibility Verifications Upload New Document
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted	
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV			Converted	
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted	

- 2) This option will lead to the following **'Eligibility Verifications'** window:

Eligibility Verifications

DHS Verification

Safety Verification

UI Verifications

TDOC Verifications

OOS Requests

Verify with UI

No

Request Details

SSN:	123123123
Hire Date:	01-20-2017
Requested Date:	01-20-2017
Sent To DHS:	

UI Response Details

First Name:	John
Last Name:	Doe
Birth Date:	01-01-1990
Total UI Benefit Weeks:	25
Wages - Hire Date Quarter:	195.00
Wages - Previous 1st Quarter:	0
Wages - Previous 2nd Quarter:	0
Wages - Previous 3rd Quarter:	0
Wages - Previous 4th Quarter:	5000.00
UI Response Date:	01-21-2017
Consecutive Benefit Weeks:	26

Applicant must have at least 26 Consecutive Benefit Weeks. If applicant does not have 26 Consecutive Benefit weeks deny the application.

If the applicant has at least 26 Consecutive Benefit weeks they also must not have wages reflected in two quarters previous to the hire date.

- 3) To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2'** on page 21.

2) This option will lead to the following **'Eligibility Verifications'** window:

Eligibility Verifications

Verify with DHS

Request Details	
SSN:	408571937
Hire Date:	08-15-2014
Requested Date:	03-02-2016
Sent To DHS:	03-02-2016

Use this date in Quality Review Sheet

DHS Response Details	
First Name:	John
Last Name:	Doe
Birth Date:	01/01/1900
Target Group A:	Y
Target Group B:	Y
Target Group G:	N
Target Group I:	N
DHS Response Date:	01/01/2000

Y for eligible
N for ineligible

If the applicant did received a 'Y' under the **'DHS Response Details'** the applicant is eligible for another target group and no further steps are needed to issue a determination. If the applicant received a 'N' under the **'DHS Response Details'** then steps can continue to issue a determination for target group H.

3) If there are no other target groups that the applicant is eligible for then open the **'Quality Review Sheet'** as demonstrated below:

Expand the row to view more details about the Claim.

(1 of 28) 1 2 3 4 5 6 7 8 9 10 10

Click Here

	SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source		Actions
1	412638405	HEATHER	BROWN	DOLLAR GENERAL	ERNST AND YOUNG LL	610502302	2014	Converted		Actions
2	420089830	CHARLES	SMITH	HEALTH MANAGEMENT	ERNST & YOUNG LLP	610963645	2014	Converted		Actions
3	415391480	ERIC	OUSLEY	CONEXX STAFFING SE		462265649	2014	Converted		Actions
4	592081627	MICHAEL	GARLAND	PILOT LOGISTICS SER	ERNST & YOUNG	263908405	2014	Converted		Actions
5	067484700	TINA	DEAN	COMMUNITY HEALTH S	ERNST & YOUNG	133893191	2014	Converted		Actions

- 4) In the screen that opens make sure that target group H is being applied for:

Target Group H (SSI Recipient) <input checked="" type="checkbox"/>			
TN.SSI Records <input checked="" type="checkbox"/>		MM/DD/YYYY <input type="text"/>	<input type="text"/>

- 5) If there is an indication that H is being applied for in the 'Quality Review Sheet', and the hire date is 2016 or later, fill out the 'Ticket to Work Form' below:



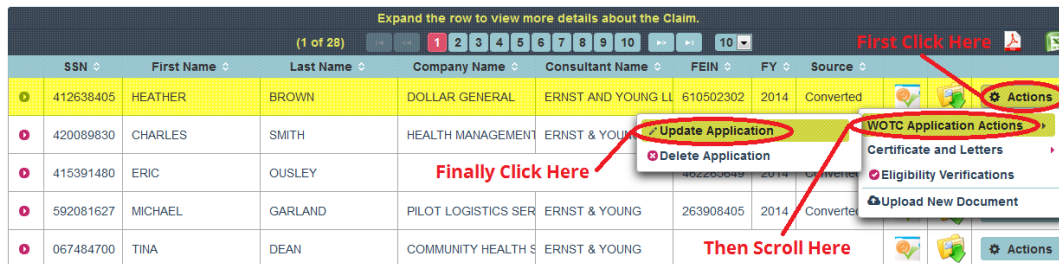
Ticket Program Manager (MAXIMUS)

Work Opportunity Tax Credit (WOTC) Verification Response

This is to affirm that all signatures of 8850's are on file

Date Completed: <input type="text"/>		Name: Dawn Tawater		State: TN			
Fax: <input type="text"/>		E-mail: Melanie.Tawater@TN.gov					
Form Received Date	Beneficiary's Name	Beneficiary's Social Security #	Hire Date	Ticket Participant on hire date		SSI Beneficiary within 60 days of hire date	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	

- 6) The **'Beneficiary's Name'**, **'Beneficiary's Social Security Number'**, and **'Hire Date'** must be filled out using information from the application file. Furthermore, refrain from filling out a form for each individual applicant. Rather, wait until the entire form is filled out before **faxing the form to (703) 893-4020**.
- 7) Indicate that this file is pending information by adding notes to the application. This can be done by following these steps:



- 8) In the window that opens an indication must be made that the application is pending information.

Application Info - Please enter all the required fields marked with * before submit.

Application Info Employee Info Employer Info Consultant Info Confirmation

Application Details

* Received Date : 04/09/2014 * PostMark Date : 04/07/2014 Application FY : 2014

* Hire Date : 03/24/2014 * Start Date : 03/24/2014 Control Nbr FY :

* Status : Pending Review Certification Date : MM/DD/YYYY Control Nbr :

Target Group : --Select Target Group-- Target Sub Group : --Select Target Sub Group--

Occupational Code : -----Choose Occupation----- Wage Code : -----Choose Wage-----

Notes : Sent for SSI Verification 1/1/2017 JD

200 characters remaining.

Next

- 9) Once a reply is received wherein the **'Ticket to Work Form'** has been filled out and returned the determination can be issued. To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2'** on page 2.

Chapter 2.10

Target Group L

Determinations for Target Group L

First review **'Target Group Eligibility' Chapter 1.2, Page 4.**

To begin the process for issuing determinations for target group L begin by following the two steps under **'General Steps to Issue Determinations Part 1' on page 20.** Once this has been done continue by following these steps:

- 1) Check to make sure that there are not any other target groups for which the individual has applied and is eligible for. To do this scroll over **'Actions'**. Once over the **'Actions'** drop-down you will have the option to scroll down and click, **'Eligibility Verifications'**:

The screenshot shows the WOTC Claim Search interface. At the top, there is a search bar and a dropdown menu for 'Select Source'. Below this is an 'Advanced Search' section with various filters: Status (Pending Review), Fiscal Year (YYYY), Date Type (Choose Date Type), From Date (From Date), To Date (To Date), Consultant (Select), Action Type (Choose Type), Staff Name (Choose Staff), and Other Actions (Choose Type). Below the search filters are four colored buttons: Approved Applications (green), Denied Applications (red), Pending document Applications (purple), and No Longer Pursuing (orange). The main part of the interface is a table of applications. The table has columns for SSN, First Name, Last Name, Company Name, Consultant Name, FEIN, FY, and Source. The first row is highlighted in yellow. To the right of the table, there is a dropdown menu for 'Actions' with options: WOTC Application Actions, Certificate and Letters, Eligibility Verifications (highlighted with a red circle), and Upload New Document. A red arrow points to the 'Eligibility Verifications' option with the text 'Click this'. Another red arrow points to the 'Actions' dropdown with the text 'Scroll over this'.

SSN	First Name	Last Name	Company Name	Consultant Name	FEIN	FY	Source
209587685	MICHAEL	SNYDER	BLUEGREEN CORPOR	ERNST & YOUNG LLP	030300793	2014	Converted
408571937	JAMEKA	JACKSON	TRUEBLUE	ADP	911287341	2014	Converted
412511841	JAMES	MILLER	EXPRESS SERVICES IN	ADP TAX CREDIT SERV			Converted
408633742	COURTNEY	BROWN	WGS GLOBAL SERVIC	ADP	262699557	2014	Converted

- 2) This option will lead to the following **'Eligibility Verifications'** window:

Eligibility Verifications

DHS Verification

Safety Verification

UI Verifications

TDOC Verifications

OOS Requests

Verify with UI

No

Request Details

SSN:	123123123
Hire Date:	01-20-2017
Requested Date:	01-20-2017
Sent To DHS:	

UI Response Details

First Name:	John
Last Name:	Doe
Birth Date:	01-01-1990
Total UI Benefit Weeks:	25
Wages - Hire Date Quarter:	195.00
Wages - Previous 1st Quarter:	0
Wages - Previous 2nd Quarter:	0
Wages - Previous 3rd Quarter:	0
Wages - Previous 4th Quarter:	5000.00
UI Response Date:	01-21-2017
Consecutive Benefit Weeks:	26

Applicant must have at least 26 Consecutive Benefit Weeks. If applicant does not have 26 Consecutive Benefit weeks deny the application.

If the applicant has at least 26 Consecutive Benefit weeks they also must not have wages reflected in two quarters previous to the hire date.

- 3) To finish the determination follow the steps under **'General Steps to Issue Determinations Part 2'** on page 21.

Chapter 3

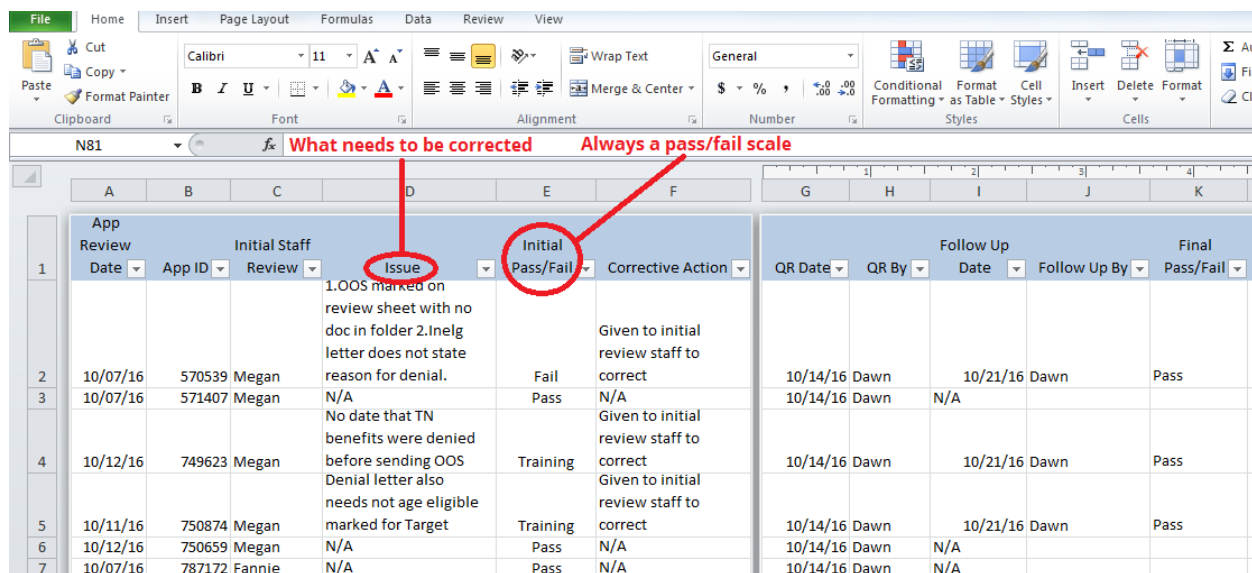
Quality Control of Reviewed Applications

Quality Control of Reviewed Applications

To ensure the accuracy of reviewed applications employees will receive a weekly sample of randomly selected determinations that are graded on a pass or fail basis. These determinations will be compiled into an Excel spreadsheet and sent to each member of the WOTC Unit. This sample will consist of five previously reviewed files with notes on errors to be corrected. The purpose of this process is to correct errors in the WOTC Unit's workflow and to monitor repeated errors for training purposes.

This process satisfies the requirements stated in the WOTC Program Statement of Work by: "establishing and maintaining an orderly system for regularly verifying the eligibility of a random sample of individuals certified under the WOTC Program and initiating effective corrective action when appropriate as indicated by results of such activities."

Under the **'Issue'** column is an explanation of the error to be corrected:



App Review		Initial Staff		Issue	Initial Pass/Fail	Corrective Action	QR Date	QR By	Follow Up Date	Follow Up By	Final Pass/Fail
1				1.OOS marked on review sheet with no doc in folder 2.Inelg letter does not state reason for denial.	Fail	Given to initial review staff to correct	10/14/16	Dawn	10/21/16	Dawn	Pass
2	10/07/16	570539	Megan	N/A	Pass	N/A	10/14/16	Dawn	N/A		Pass
3	10/07/16	571407	Megan	No date that TN benefits were denied before sending OOS Denial letter also needs not age eligible marked for Target	Training	Given to initial review staff to correct	10/14/16	Dawn	10/21/16	Dawn	Pass
4	10/12/16	749623	Megan		Training	Given to initial review staff to correct	10/14/16	Dawn	10/21/16	Dawn	Pass
5	10/11/16	750874	Megan	N/A	Pass	N/A	10/14/16	Dawn	N/A		Pass
6	10/12/16	750659	Megan	N/A	Pass	N/A	10/14/16	Dawn	N/A		Pass
7	10/07/16	787172	Fannie	N/A	Pass	N/A	10/14/16	Dawn	N/A		Pass

If a spreadsheet is not received for the week then all sampled determinations were accurate.

Chapter 4.1

Appeals Process for Determinations

Appeals Process

In cases where a State Workforce Agency (SWA) has issued a denial on a certification request, the employer or the representative/consultant may appeal this decision. **This appeal must be based on sources other than those used in issuing the original denial unless it can be established that the original denial was issued in error on part of WOTC staff.**

Alternative Documentation That Can Be Used for Employers' Appeals:

Category A. Short-Term TANF Recipient.

Caseworker's signed statement with the applicant's name, Social Security Number, hire date (indicating the number of months that the new hire was on welfare before the employment start date). The caseworker's telephone number and address should also be included.

Category B. Veteran.

Form DD-214. If the DD-214 is not available a verification letter from the Veteran's Administration with the applicant's name, Social Security Number, branch of service, and active duty start and end dates. Each statement should be signed by a Veteran's Administration representative and be on a Veterans Administration Form. These forms could possibly include but are not limited to:

- Reply to National Personnel Record Center Form
- Summary of Military Service Form
- Certificate of Military Service Form, or a Freedom of Information Act (FOIA) Release Statement

Category C. Ex-Felon.

Parole Officer's signed statement verifying the new hire was convicted and/or released from prison for a felony within the past year or on work release from a felony or conviction. The statement should include:

- Applicant's name
- Social Security Number
- Hire date
- Conviction and release dates
- Parole Officer's name and telephone number.

Category D. Empowerment Zone/Enterprise/Renewal Communities.

Signed statement from an official or representative of the county of the Empowerment Zones (EZ) in which the applicant's address is located that verifies that the address is in the EZ.

Category E. Vocational Rehabilitation.

Signed statement from the Vocational Rehabilitation counselor with the applicant's name and Social Security Number and the agency name from which the assistance was received.

Category F. Summer Youth.

Signed statement from a representative of the county in which the address is located that states the address is in an Empowerment Zone. If no other proof of age is available, a signed statement from a parent or guardian attesting to the new hire's date of birth is acceptable.

Category G. Food Stamps.

A signed caseworker statement with:

- Applicant's name
- Social Security Number
- Start date (to indicate number of months that benefits were received)
- Verification of age

Statements must include caseworker's name, telephone number, and address.

Category H. Supplemental Security Income.

Printout from SSI or signed statement from caseworker with:

- Applicant's name
- Social Security Number
- Hire date (to indicate the individual received SSI benefits any time in the 60 days ending on the hire date)

Statements should include caseworker's telephone number and address.

Category I. Long-Term TANF Recipient.

Caseworker's signed statement with the applicant's name, social security number, hire date and a statement that the new hire was on welfare for the required number of months before the employment start date. Also included must be the caseworker's telephone number and address.

Employer Information is Incomplete.

When the employer submits an IRS Form 8850 with complete applicant information, but with some of the employer information in question, (e.g., a transposed FEIN number), the SWA may request the corrected information and consider the IRS Form 8850 as received in a "timely" basis.

IRS Form 8850, Denied for Failure to Submit in a Timely Manner.

In cases where a miscount of days due to weekend or holidays, the employer may submit a letter addressing the fact and requesting review of that record. In the case of a lost IRS

Form 8850, an employer may submit a copy of the IRS Form 8850 with proof of the mailing date (e.g., the original of a U.S. Postal Service (USPS) "Certificate of Mailing" (PS Form 3817).

Tennessee WOTC Appeals Process:

If an employer or consultant wishes to appeal a determination issued by the Tennessee WOTC Unit the process is as follows:

- 1) The employer or consultant must submit a wish to appeal in writing along with providing the necessary documentation as listed above. The documentation must be different than that submitted during the initial application process unless the error in issuing an incorrect determination was perpetrated by Tennessee WOTC staff. It is also highly encouraged that correspondence via mail is certified to ensure proof that documentation was received.
- 2) Staff from the WOTC Unit must immediately respond to all appeals correspondence to confirm that the documents were received.
- 3) Within 14 days of an employer or consultant requesting an appeal WOTC staff must either issue a determination or response. If a determination cannot be issued within this 14 day period a follow up email must be sent to update the employer or consultant on the status of the pending appeal.
- 4) WOTC staff must first check if the document(s) submitted to support an appeal are different from those submitted during the original application. If these documents are the same as those originally submitted a denial is to be issued.
- 5) The staff member reviewing the document(s) submitted for appeal must be different from the individual who issued the original determination.
- 6) All appeals must be maintained in an electronic file for five years from the reception date of correspondence. All approved applications must be maintained in an electric file for at least five years, and denials for at least one year, from determination date. Maintenance of paper copies is not required but staff must be able to immediately produce a paper copy upon request.
- 7) The Unit Manager must review and "sign off" on the documentation and determination of subordinate staff before a final correspondence can be sent. The final determination must be accompanied by contact information (listed on the following page) for the Regional and Federal Offices to provide an opportunity for the employer or consultant to escalate appeals to a higher authority.

Chapter 4.2

Higher Appeals

Higher Appeals

If the employer or consultant is dissatisfied with the determination given upon review they are able to appeal to the regional office, and even up to the national office.

Regional Office

Contact:

Conyers Garrett

Phone: 404-302-5377

Fax: 404-302-5386

Garrett.Conyers@dol.gov

Or Mail Correspondence to:

United States Department of Labor

Employment & Training Administration

Sam Nunn Atlanta Federal Center, Room 6M12

61 Forsyth Street, S.W.

Atlanta, Georgia 30303

National Office

Contact:

Carmen Ortiz

Phone: 202-693-2786

Fax: 202-693-3015

ask.WOTC@dol.gov

Or Mail Correspondence to:

U.S. Department of Labor

Employment & Training Administration

200 Constitution Avenue Northwest, Room C-4510

Washington, DC 20210-0001

On page 5 there is an attached copy of the template used to appeal determinations. This template is not required to submit an appeal concerning a WOTC determination but shall prove as a rough outline.

(Policy Resolution/Appeals Submission - Suggested Format)

WORK OPPORTUNITY AND WELFARE-TO-WORK TAX CREDITS' INQUIRY

REGION: _____ STATE: _____ DATE: _____

CONTACT PERSON: _____

TELEPHONE #: _____

REFERENCES:

(You may cite as many as are necessary. For example: Handbook, Legislation, IRS Rules/Notices/Publications, etc.)

ISSUE:

RESOLUTION/COMMENTS:

Chapter 5.1

Online Portal Use

Online Portal Use

Applications submitted by consultants and employers are sent to WOTC.info@tn.gov, who is responsible by the WOTC Unit administrator. Ultimately, the administrator is responsible for issuing approvals or denials of consultant/employer applications and managing accounts as need arises. This chapter covers:

- Approval/Denial of Employer WOTC profile applications
- Approval/Denial of Consultant WOTC profile applications
- Changing Employer/Consultant passwords

Approval or Denial of Employer WOTC Profile Applications

- 1) If the application in the email has **matching information under 'Employer Submitted' and 'Trump Verification' and the 'Status' is listed as 'Active'** then approve the application by clicking the **'Approve!'** button:

Dear WOTC Admin,

There is a new request to access the WOTC Online system from
Any Company , LP

User Name - **John Doe**

User Email ID - **name@email.com**

User Phone No - **xxxxxxxxxx**

User Address - **123 Any Street, Anywhere, TN xxxxx**

Employer Submitted	Trump Verification
FEIN - 123456789	FEIN - 123456789
Company Name - Any Company , LP	Company Name - Any Company , LP
Address - 123 Any Street, Anywhere, TN xxxxx	Address - 123 Any Street, Anywhere, TN xxxxx
	Status - Active

Approve!

If the **'Trump Verification'** is blank the application is **ineligible to be approved**:

Dear WOTC Admin,

There is a new request to access the WOTC Online system from **Any Company , INC.**

User Name - **John Doe**

User Email ID - **name@email.com**

User Phone No - **xxxxxxxxxx**

User Address - **123 Any Street, Anywhere, TN xxxxx**

Employer Submitted	Trump Verification
FEIN - 123456789	FEIN -
Company Name - Any Company , INC.	Company Name -
Address - 123 Any Street, Anytown, TN, xxxxx	Address -
	Status -

Approve!

Or if the **'Employer Submitted'** and **'Trump Verification'** fields are filled but the **information does not match what is in the application then it is ineligible to be approved**. In both cases the employer must be contacted by referencing the 'User Phone Number' information listed in the application. While discussing these issues it is necessary to verify:

- That the FEIN provided in the application is accurate
- Why the 'Status' would be listed as anything other than 'Active'
- That any difference between 'Company Name' in the 'Employer Submitted' and 'Trump Verification' fields is due to the latter being a subsidiary company

- 2) Any information that was entered in error will be corrected by the employer. However, this will create a duplicate application that will need to be deleted. To delete this additional application scroll over **'Administration'** and then scroll down to, and click, **'Employer User Management'**:

Click here

Source	Total Applications	Under Review	Approved	Denied	Need ICF	Pending Doc
Bulk	12164	7528	781	753	0	2936
Consultant	1117	34	446	310	0	265
Employer	282	6	143	88	0	28
Staff	48	30	6	10	0	2

Business User Management

Click on the counts to go to search screen. Only after verification and approval, the users will be able to login to online system to file the applications. An email will be generated to the user after successful approval.

No of Interstate Users Not Verified :	0
No of Employer Users Not Verified :	0
No of Consultant Users Not Verified :	0

POA Approvals Required

Click on the counts to go to POA Approval screen. Only after verification and approval, the consultants will be able to file new applications online.

POA's Not Approved :	0
----------------------	---

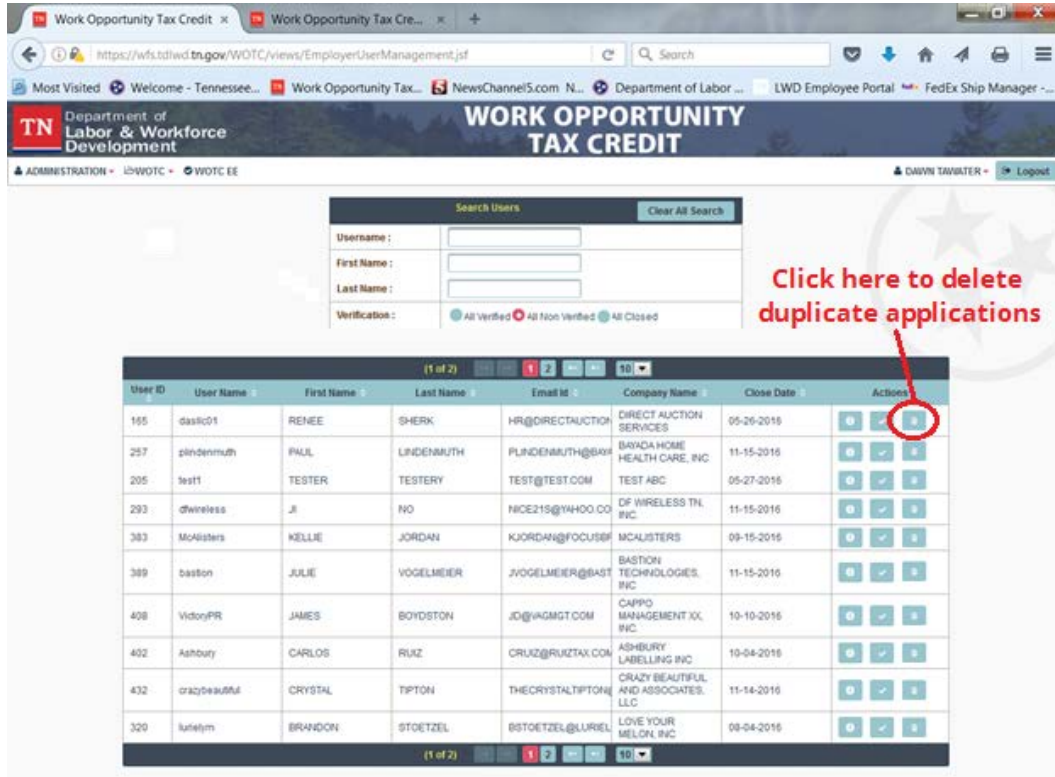
- 3) In the new screen select '**All Non Verified**' to display all employer applications that are pending:

Fill these fields to find a specific application

Select this to display pending applications

User ID	User Name	First Name	Last Name	Email ID	Company Name	Close Date	Actions
195	dask01	RENEE	SHERK	HR@DIRECTAUCTION	DIRECT AUCTION SERVICES	05-26-2015	[Icons]
257	plindenmuth	PAUL	PLINDENMUTH	PLINDENMUTH@BAX	BAXDA HOME HEALTH CARE, INC	11-15-2016	[Icons]
205	test1	TESTER	TESTERY	TEST@TEST.COM	TEST ABC	05-27-2016	[Icons]
293	dwireless	JL	NO	NICE21S@YHOO.CO	DF WIRELESS TN, INC	11-15-2016	[Icons]
383	McAlisters	KELLIE	JORDAN	KJORDAN@FOCUSB	MCALISTERS	09-15-2016	[Icons]
389	bastion	JULIE	VOGELMEIER	JVOGELMEIER@BAST	BASTION TECHNOLOGIES, INC	11-15-2016	[Icons]
408	VidoyPR	JAMES	BOYDSTON	JD@VAGMGT.COM	CAPPO MANAGEMENT XX, INC	10-10-2016	[Icons]
402	Ashbury	CARLOS	RUZ	CRUZ@RUZTAX.COM	ASHBURY LABELLING INC	10-04-2016	[Icons]
432	crazybeautif	CRYSTAL	TIPTON	THECRYSTALTIPTON	CRAZY BEAUTIFUL AND ASSOCIATES, LLC	11-14-2016	[Icons]
320	lutelym	BRANDON	STOETZEL	BSTOETZEL@LUREL	LOVE YOUR MELON, INC	08-04-2016	[Icons]

- 4) For duplicate applications click the icon furthest to the right that contains a trash can icon:













The screenshot displays the 'WORK OPPORTUNITY TAX CREDIT' interface for Employer User Management. It includes a search bar with fields for Username, First Name, Last Name, and Verification. Below the search bar is a table of users. A red circle highlights the trash can icon in the 'Actions' column for the first user (User ID 165).

Search Users [Clear All Search](#)

Username:
First Name:
Last Name:
Verification: ☐ All Verified ☒ All Non Verified ☐ All Closed

Click here to delete duplicate applications


User ID	User Name	First Name	Last Name	Email ID	Company Name	Close Date	Actions
165	dasko01	RENEE	SHERK	HR@DIRECTAUCTION	DIRECT AUCTION SERVICES	05-26-2016	
257	plindenmuth	PAUL	PLINDENMUTH	PLINDENMUTH@BAY	BAYDA HOME HEALTH CARE, INC	11-15-2016	
205	test1	TESTER	TESTERY	TEST@TEST.COM	TEST ABC	05-27-2016	
293	d@wireless	JL	NO	NICE21S@YHOO.CO	DF WIRELESS TN, INC	11-15-2016	
383	McAlisters	KELLIE	JORDAN	KJORDAN@FOCUSB	MCALISTERS	09-15-2016	
389	baston	JULIE	VOGELMEIER	JVOGELMEIER@BAST	BASTION TECHNOLOGIES, INC	11-15-2016	
408	VidoyPR	JAMES	BOYDSTON	JD@VAGMGT.COM	CAPPO MANAGEMENT XX, INC	10-10-2016	
402	Ashouty	CARLOS	RUZ	CRUZ@RUZTAX.COM	ASHBURY LABELLING INC	10-04-2016	
432	craybeautful	CRYSTAL	TIPTON	THECRYSTALTIPTON	CRAZY BEAUTIFUL AND ASSOCIATES, LLC	11-14-2016	
320	lutelym	BRANDON	STOETZEL	BSTOETZEL@LUREL	LOVE YOUR MELON, INC	08-04-2016	


- 5) In the new window that opens type in the reason for the denial in the 'Denial Reason' field:

Provide reason for closing the account ✕

Write notes about denial here

500 characters remaining.

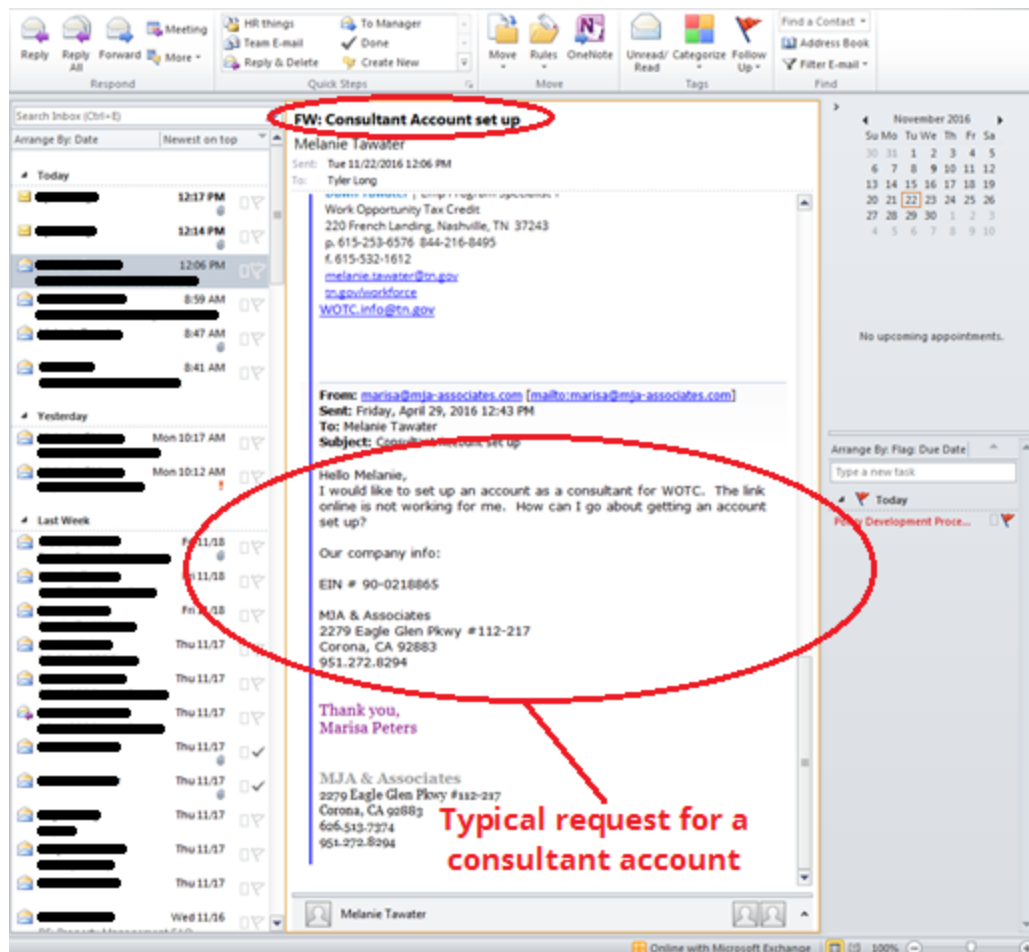
 **Delete/Deny**

 **Delete/Deny and Send Email**

Select '**Delete/Deny**' if there has been correspondence with the employer regarding deletion of the application. Click '**Delete/Deny and Send Email**' if there has been no correspondence regarding deletion of the application.

Approval or Denial of Consultant WOTC Profile Applications

- 1) Consultants will request an account to create a profile via email:



Upon receiving this email go to the WOTC home screen.

- 2) From the home screen scroll over **'WOTC'** then scroll down to, and click, **'Consultant Management'**:

The screenshot shows the WOTC Home page. The navigation menu at the top includes 'ADMINISTRATION', 'WOTC', and 'WOTC EE'. The 'WOTC' dropdown menu is open, showing 'WOTC Dashboard', 'WOTC Applications', 'Consultant Management' (highlighted with a red circle and a red arrow pointing to it with the text 'Click here'), and 'Company POA Management'. Below the navigation menu, there are several sections: 'WOTC Applications' with a table of application statistics, 'Most Recent WOTC Application Information' with a table of application details, 'Business User Management' with a table of user verification counts, and 'POA Approvals Required' with a table of approval counts.

Fiscal year	Total Applications	Approved	Denied
2014	90005	40856	18015
2015	17625	6059	3603
2016	228609	56143	41997
2017	23244	2672	2249

Source	Total Applications	Under Review	Approved	Denied	Need ICF	Pending Doc
Bulk	13077	8042	896	820	0	3134
Consultant	1147	48	456	311	0	269
Employer	287	10	143	88	0	28
Staff	48	30	6	10	0	2

Business User Management	
No of Interstate Users Not Verified :	0
No of Employer Users Not Verified :	0
No of Consultant Users Not Verified :	0

POA Approvals Required	
POA's Not Approved :	1

- 3) Search for the consultant under the **'Consultant Name'** field:

The screenshot shows the WOTC Consultant Management page. The navigation menu at the top includes 'ADMINISTRATION', 'WOTC', and 'WOTC EE'. The 'WOTC' dropdown menu is open, showing 'WOTC Dashboard', 'WOTC Applications', 'Consultant Management' (highlighted with a red circle and a red arrow pointing to it with the text 'Search for consultant here'), and 'Company POA Management'. Below the navigation menu, there is a search bar labeled 'Consultant Name' with a dropdown arrow. To the right of the search bar is a 'New Consultant' button. Below the search bar is a table of consultants with columns for 'Consultant Name', 'Attention Name', 'Address', 'City', 'State', and 'Contact Phone'. The table contains 10 rows of consultant information. At the bottom of the table, there is a pagination bar showing '(1 of 19)' and a set of numbered links from 1 to 10.

Consultant Name	Attention Name	Address	City	State	Contact Phone	
CFG ASSOCIATES, INC.	WALTER G. CHURCH JR.	P. O. BOX 488	VALDESE	NC	8288792855	Edit Add Admin User
GARY GERSTENHABER	GARY GERSTENHABER	16620 SAN PEDRO AVENUE, SUITE B	SAN ANTONIO	TX	2108224700	Edit Add Admin User
IL PETROLEUM MARKETERS ASSOC.	HEATHER JASON	P.O. BOX 12020	SPRINGFIELD	IL	2175444609	Edit Add Admin User
R. JEFFREY & ASSOCIATES, INC.	JEFF NEWCORN	701 LEE ST	DES PLAINES	IL	8477951400	Edit Add Admin User
LONEY-HERRIG INC.	DAVID LONEY	1895 N. ALGONA	DUBUQUE	IA	3195560097	Edit Add Admin User
PIERCE KENNEDY HEARTH	PATRICIA GILL	345 MAIN STREET	DANBURY	CT	2037439003	Edit Add Admin User
HONKAMP KRUEGER & CO PC	J. R. DRISCOLL	P. O. BOX 669	DUBUQUE	IA	5635560123	Edit
ALABAMA OILMEN'S ASSOCIATION	LYNNE COKER	P. O. BOX 231659	MONTGOMERY	AL	3342723800	Edit Add Admin User
GONZABA GROUP INC	JERRY GONZABA	3308 BROADWAY SUITE 202	SAN ANTONIA	TX		Edit Add Admin User
GLOBAL ENTERPRISES LLC	MIKE MUELLER	P. O. BOX 19308	OMAHA	NE	8775910700	Edit Add Admin User

- 4) If there are matching results for the consultant search continue to step 5a then follow step 4a through to step 9. If there are no results for the consultant search continue on to step 4b then through to step 9.

a. In the search results find the 'Edit' button and click it:

ADMINISTRATION WOTC WOTC EE John Doe Logout

(1 of 19) 1 2 3 4 5 6 7 8 9 10 10 New Consultant

Consultant Name Attention Name Address City State Contact Phone

CFG ASSOCIATES, INC. WALTER G. CHURCH JR. P. O. BOX 488 VALDESE NC 8288792855 Edit Add Admin User

GARY GERSTENHABER GARY GERSTENHABER 16620 SAN PEDRO AVENUE, SUITE B SAN ANTONIO TX 2108224700 Edit Add Admin User

IL PETROLEUM MARKETERS ASSOC. HEATHER JASON P.O. BOX 12020 SPRINGFIELD IL 2175444609 Edit Add Admin User

R. JEFFREY & ASSOCIATES, INC. JEFF NEWCORN 701 LEE ST DES PLAINES IL 8477951400 Edit Add Admin User

LONEY-HERRIG INC. DAVID LONEY 1895 N. ALGONA DUBUQUE IA 3195560097 Edit Add Admin User

PIERCE KENNEDY HEARTH PATRICIA GILL 345 MAIN STREET DANBURY CT 2037439003 Edit Add Admin User

HONKAMP KRUEGER & CO PC J. R. DRISCOLL P. O. BOX 669 DUBUQUE IA 5635560123 Edit Add Admin User

ALABAMA OILMEN'S ASSOCIATION LYNNE COKER P. O. BOX 231659 MONTGOMERY AL 3342723800 Edit Add Admin User

GONZABA GROUP INC JERRY GONZABA 3308 BROADWAY SUITE 202 SAN ANTONIA TX Edit Add Admin User

GLOBAL ENTERPRISES LLC MIKE MUELLER P. O. BOX 19308 OMAHA NE 8775910700 Edit Add Admin User

(1 of 19) 1 2 3 4 5 6 7 8 9 10 10

b. Click 'New Consultant' button:

(1 of 19) 1 2 3 4 5 6 7 8 9 10 10 Click here New Consultant

Consultant Name Attention Name Address City State Contact Phone

CFG ASSOCIATES, INC. WALTER G. CHURCH JR. P. O. BOX 488 VALDESE NC 8288792855 Edit Add Admin User

GARY GERSTENHABER GARY GERSTENHABER 16620 SAN PEDRO AVENUE, SUITE B SAN ANTONIO TX 2108224700 Edit Add Admin User

IL PETROLEUM MARKETERS ASSOC. HEATHER JASON P.O. BOX 12020 SPRINGFIELD IL 2175444609 Edit Add Admin User

R. JEFFREY & ASSOCIATES, INC. JEFF NEWCORN 701 LEE ST DES PLAINES IL 8477951400 Edit Add Admin User

LONEY-HERRIG INC. DAVID LONEY 1895 N. ALGONA DUBUQUE IA 3195560097 Edit Add Admin User

PIERCE KENNEDY HEARTH PATRICIA GILL 345 MAIN STREET DANBURY CT 2037439003 Edit Add Admin User

HONKAMP KRUEGER & CO PC J. R. DRISCOLL P. O. BOX 669 DUBUQUE IA 5635560123 Edit Add Admin User

ALABAMA OILMEN'S ASSOCIATION LYNNE COKER P. O. BOX 231659 MONTGOMERY AL 3342723800 Edit Add Admin User

GONZABA GROUP INC JERRY GONZABA 3308 BROADWAY SUITE 202 SAN ANTONIA TX Edit Add Admin User

GLOBAL ENTERPRISES LLC MIKE MUELLER P. O. BOX 19308 OMAHA NE 8775910700 Edit Add Admin User

(1 of 19) 1 2 3 4 5 6 7 8 9 10 10

5) In the screen that appears check the information listed for accuracy:

Update selected Consultant - Please enter all the required fields marked with * before submit.

* Consultant Name :

CFG ASSOCIATES, INC.

* Address 1 :

P. O. BOX 488

* City :

VALDESE

* Zip :

28690

-

Phone :

8288792855

Phone Fax :

8288792356

Consultant Email :

Consultant Attention :

[Consultant staff]

Address 2 :

* State :

NORTH CAROLINA

Phone Attention :

Phone 800 :

Multiple Consultants :

NO

Notes :

[Type in any changes here] per [Consultant representative name] [date and staff initials]

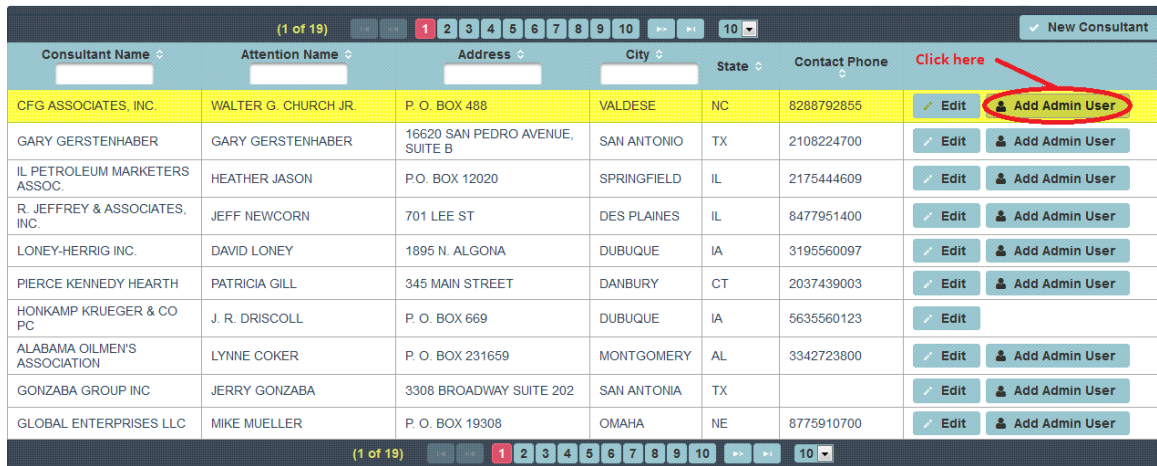
1500 characters remaining.

Submit

When satisfied with info and with notes included click here

The '**Consultant Attention**' field will be filled with the contact person working for the consultant. In the '**Notes**' field include: any changes, the consultant staff person who requested them, the date and the WOTC staff initials who recorded this information. Finally click '**Submit**'.

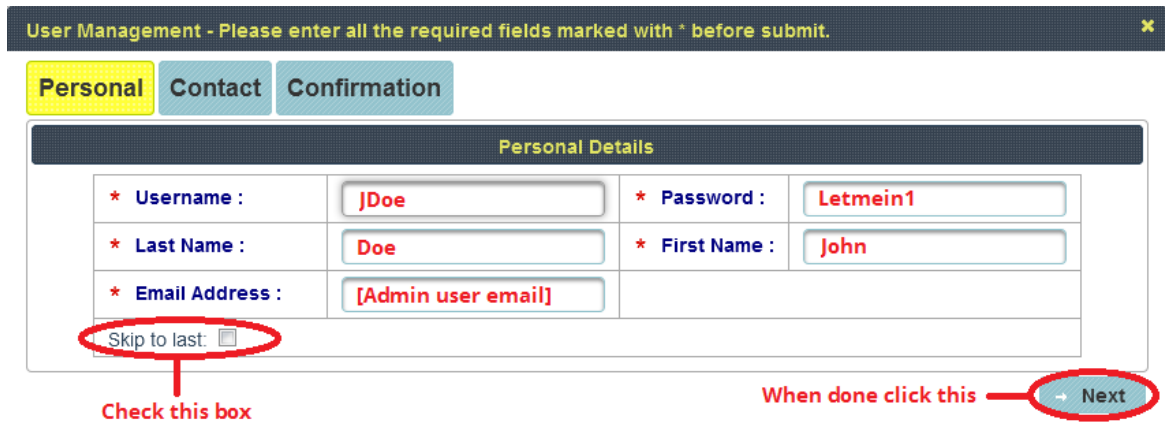
6) Click the 'Add Admin User' button:



The screenshot shows a table with 10 columns: Consultant Name, Attention Name, Address, City, State, Contact Phone, and two action buttons: Edit and Add Admin User. The first row is highlighted in yellow. A red circle highlights the 'Add Admin User' button in the first row, with a red arrow pointing to it from the text 'Click here'.

Consultant Name	Attention Name	Address	City	State	Contact Phone	Edit	Add Admin User
CFG ASSOCIATES, INC.	WALTER G. CHURCH JR.	P. O. BOX 488	VALDESE	NC	8288792855	Edit	Add Admin User
GARY GERSTENHABER	GARY GERSTENHABER	16620 SAN PEDRO AVENUE, SUITE B	SAN ANTONIO	TX	2108224700	Edit	Add Admin User
IL PETROLEUM MARKETERS ASSOC.	HEATHER JASON	P.O. BOX 12020	SPRINGFIELD	IL	2175444609	Edit	Add Admin User
R. JEFFREY & ASSOCIATES, INC.	JEFF NEWCORN	701 LEE ST	DES PLAINES	IL	8477951400	Edit	Add Admin User
LONEY-HERRIG INC.	DAVID LONEY	1895 N. ALGONA	DUBUQUE	IA	3195560097	Edit	Add Admin User
PIERCE KENNEDY HEARTH	PATRICIA GILL	345 MAIN STREET	DANBURY	CT	2037439003	Edit	Add Admin User
HONKAMP KRUEGER & CO PC	J. R. DRISCOLL	P. O. BOX 669	DUBUQUE	IA	5635560123	Edit	Add Admin User
ALABAMA OILMEN'S ASSOCIATION	LYNNE COKER	P. O. BOX 231659	MONTGOMERY	AL	3342723800	Edit	Add Admin User
GONZABA GROUP INC	JERRY GONZABA	3308 BROADWAY SUITE 202	SAN ANTONIA	TX		Edit	Add Admin User
GLOBAL ENTERPRISES LLC	MIKE MUELLER	P. O. BOX 19308	OMAHA	NE	8775910700	Edit	Add Admin User

7) In the window that appears click the 'Skip to last' box then fill the fields as demonstrated below:



The screenshot shows a 'User Management' form with three tabs: Personal, Contact, and Confirmation. The 'Personal' tab is active. The form contains fields for Username, Last Name, Email Address, Password, and First Name. A red circle highlights the 'Skip to last' checkbox, with a red arrow pointing to it from the text 'Check this box'. Another red circle highlights the 'Next' button, with a red arrow pointing to it from the text 'When done click this'.

User Management - Please enter all the required fields marked with * before submit.

Personal Contact Confirmation

Personal Details

* Username :	JDoe	* Password :	Letmein1
* Last Name :	Doe	* First Name :	John
* Email Address :	[Admin user email]		

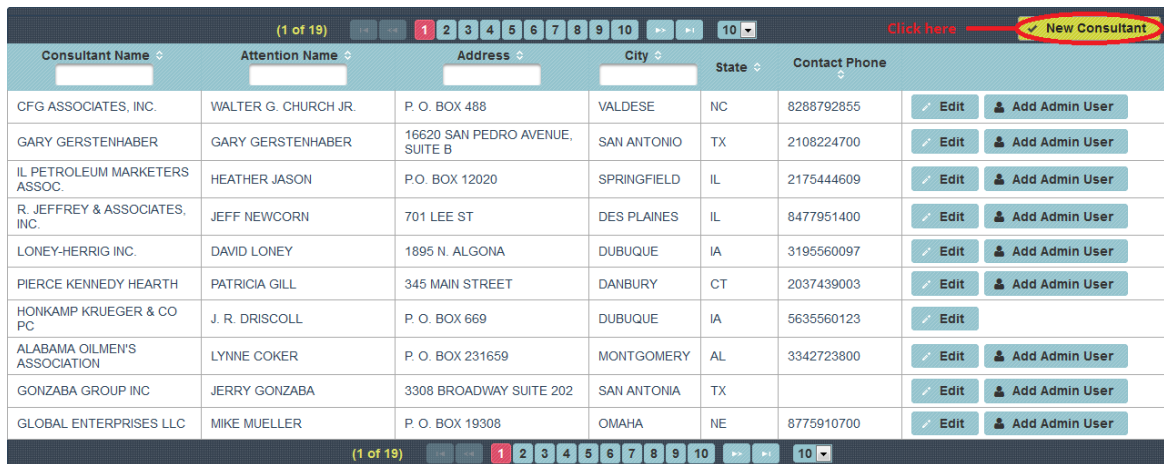
Skip to last: ☐

Check this box

When done click this → Next

Click the 'Next' button then click the 'Submit' button.

- 8) If the search in the 'Consultant Name' field does not yield any results click the 'New Consultant' button:



The screenshot shows a web application interface for managing consultants. At the top, there is a navigation bar with a search bar and a 'New Consultant' button highlighted in red. Below the navigation bar is a table listing consultants. The table has columns for Consultant Name, Attention Name, Address, City, State, and Contact Phone. Each row includes an 'Edit' button and an 'Add Admin User' button. The table is currently displaying 10 records, and the 'New Consultant' button is located in the top right corner of the interface.

Consultant Name	Attention Name	Address	City	State	Contact Phone		
CFG ASSOCIATES, INC.	WALTER G. CHURCH JR.	P. O. BOX 488	VALDESE	NC	8288792855	Edit	Add Admin User
GARY GERSTENHABER	GARY GERSTENHABER	16620 SAN PEDRO AVENUE, SUITE B	SAN ANTONIO	TX	2108224700	Edit	Add Admin User
IL PETROLEUM MARKETERS ASSOC.	HEATHER JASON	P.O. BOX 12020	SPRINGFIELD	IL	2175444609	Edit	Add Admin User
R. JEFFREY & ASSOCIATES, INC.	JEFF NEWCORN	701 LEE ST	DES PLAINES	IL	8477951400	Edit	Add Admin User
LONEY-HERRIG INC.	DAVID LONEY	1895 N. ALGONA	DUBUQUE	IA	3195560097	Edit	Add Admin User
PIERCE KENNEDY HEARTH	PATRICIA GILL	345 MAIN STREET	DANBURY	CT	2037439003	Edit	Add Admin User
HONKAMP KRUEGER & CO PC	J. R. DRISCOLL	P. O. BOX 669	DUBUQUE	IA	5635560123	Edit	
ALABAMA OILMEN'S ASSOCIATION	LYNNE COKER	P. O. BOX 231659	MONTGOMERY	AL	3342723800	Edit	Add Admin User
GONZABA GROUP INC	JERRY GONZABA	3308 BROADWAY SUITE 202	SAN ANTONIA	TX		Edit	Add Admin User
GLOBAL ENTERPRISES LLC	MIKE MUELLER	P. O. BOX 19308	OMAHA	NE	8775910700	Edit	Add Admin User

- 9) This final step only applies to consultants. A follow up email must be sent in the exact form below:

Congratulations! Your account has been created.

Your username is: **JDoe**

Your password is: **Letmein1**

You will be prompted to change your password once you log in.

By logging in, you agree to be the legal forms holder* for **TDLWD**.

*In order to utilize the TDLWD WOTC Online System as a tax or consulting firm, you must have on file a POA for each company you represent. In addition to the POA requirement, you (consultant/tax firm) must agree to become the legal forms holder. A legal forms holder must be designated to hold (maintain) original signature documents (IRS 8850, ETA 9061 and any supporting documentation) for a period of five years from the year that the tax credit is filed by the employer.

When your organization is designated as the legal forms holder, you are authorized to enter data from the original signature documents and submit this information electronically to the TN WOTC program Coordinator. As a legal forms holder, your organization will be responsible for maintaining the original documents submitted via the TDWLD WOTC online system.

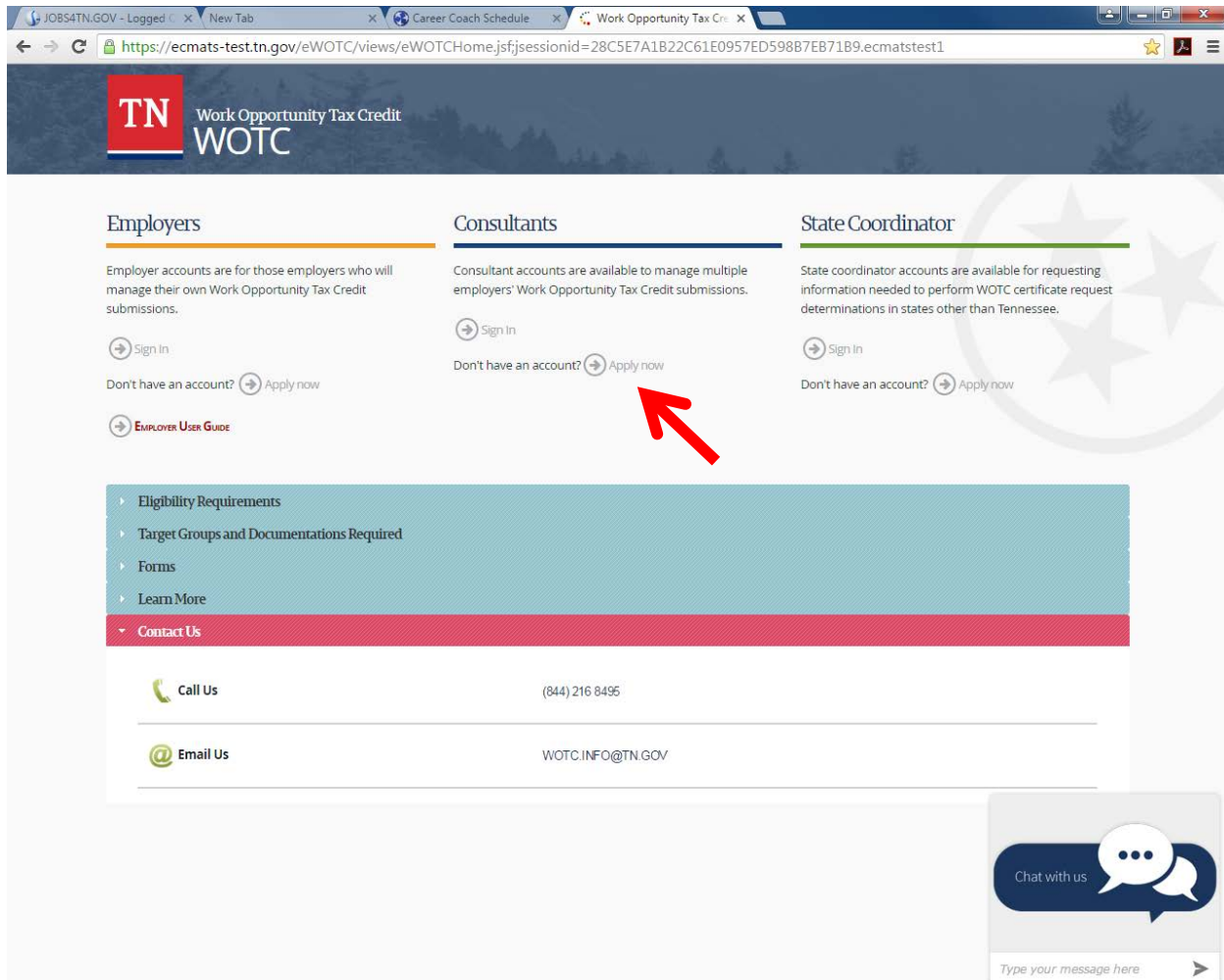
Please contact us at 844.216.8495 or WOTC.info@tn.gov with any questions.

Chapter 5.2

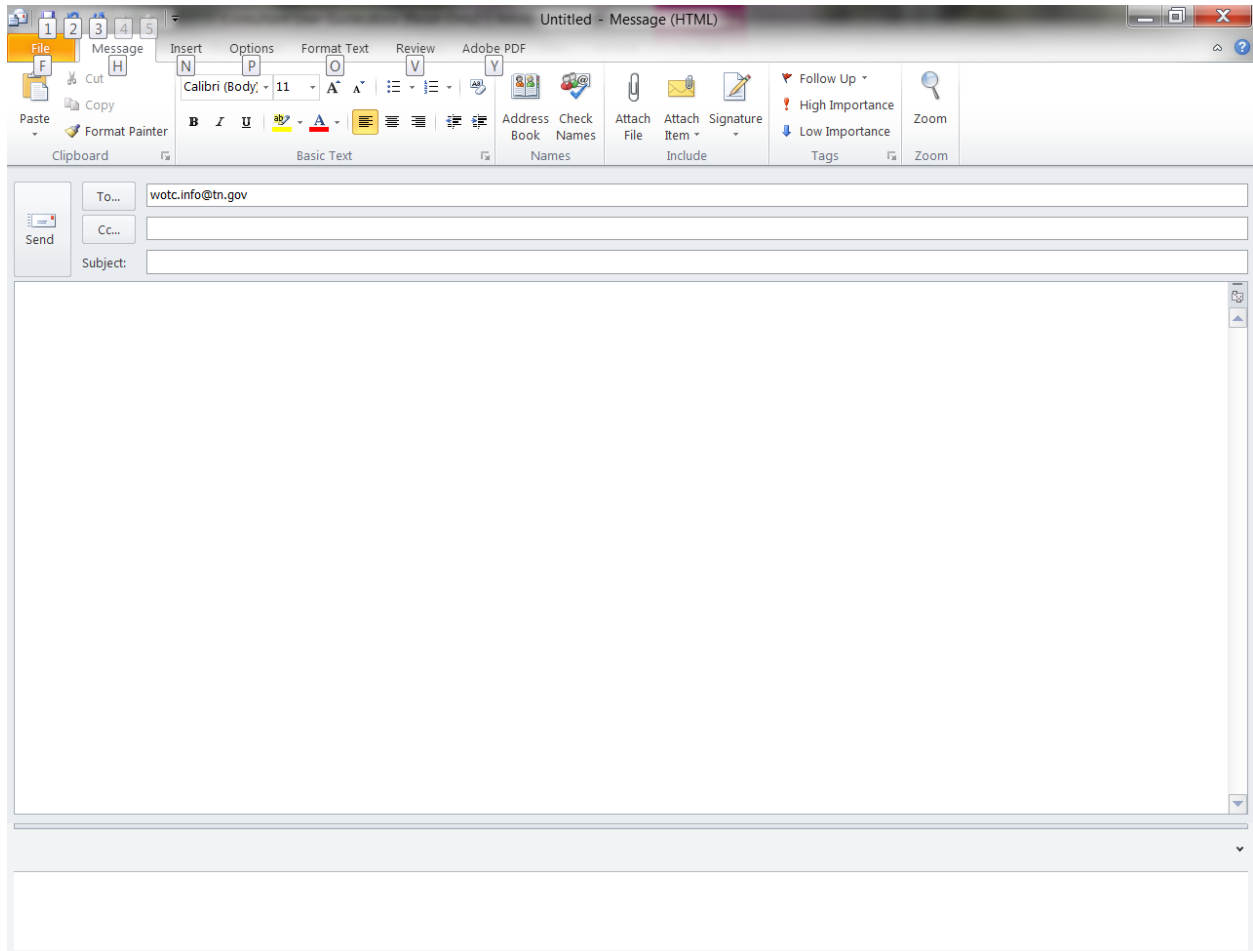
Consultant User Guide

Consultant User Guide

- 1) Go to **<https://wfs.tdlwd.tn.gov/eWOTC/>**
- 2) Click on the **'Apply Now'** link to get started.



3) A window using Outlook will appear allowing you to send an email to the WOTC unit. In this email, you will need to request your initial account.



4) Enter the 'FEIN' and hit the enter key to verify that you do not currently have an account.

The screenshot shows the 'EMPLOYER' registration page for the Tennessee Work Opportunity Tax Credit. The page header includes the TN Department of Labor & Workforce Development logo and the title 'WORK OPPORTUNITY TAX CREDIT EMPLOYER'. A red arrow points to the 'FEIN' field in the 'Check if Employer Exist' section. Below this is the 'Employer Information' section with fields for FEIN, Company Name, Address 1, Address 2, City, State, Zip 1, Phone number, and Fax number. There is also a section for 'Contact Person's Name' and 'Contact Person's Email Address'. A notification selection dropdown is present. The 'Legal Forms Holder' section contains explanatory text and a checkbox labeled 'My Company will be the legal forms holder of original signature documents as listed above'. The 'User Information' section is at the bottom.

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

EMPLOYER

Home

Check if Employer Exist

FEIN : Please verify if Employer exists by entering FEIN here before you proceed further.

Employer Information

* FEIN : * Company Name :

* Address 1 : Address 2 :

* City : * State :

* Zip 1 : * Phone number :

Fax number :

* Contact Person's Name : * Contact Person's Email Address :

Please select one of the option if you wish to be notified by Email when an action was taken on your applications. You can always make changes to your selection from your profile management.

Legal Forms Holder

A legal forms holder must be designated to hold(maintain) original signature documents (IRS 8850, ETA 9061 and any supporting documentation) for a period of five years from the year that the tax credit is filed by the employer.

When your company is designated as the legal forms holder, you are authorized to enter data from the original signature documents and submit this information electronically to the TN WOTC program Coordinator.

If you choose to be designated as the legal forms holder, click the checkbox below.

If you do not choose to be designated as the legal forms holder,

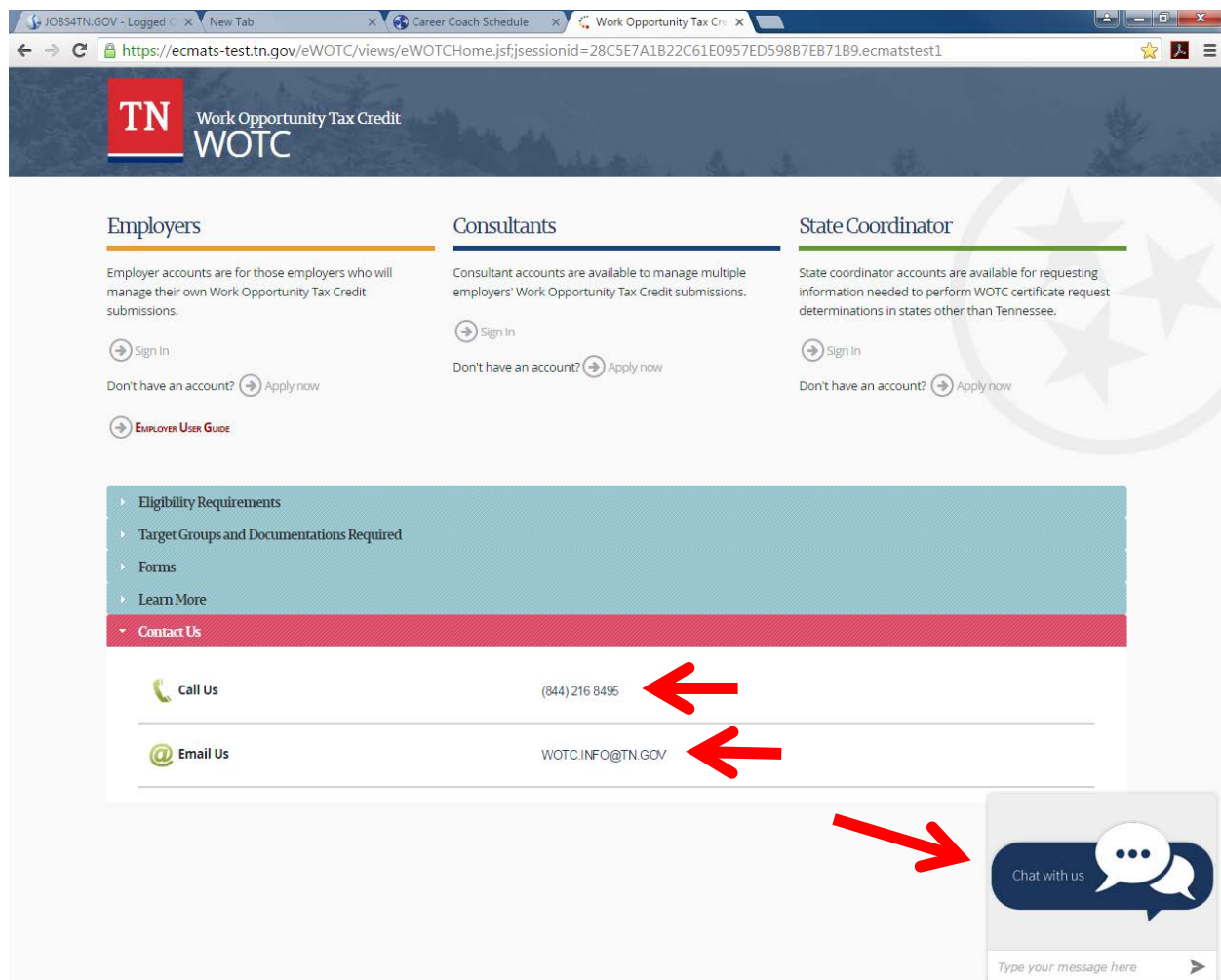
you will not submit data electronically, but you can utilize automated WOTC system to print documents. Send the original signature documents (IRS 8850, ETA 9061, and any supporting documentation) to the TN WOTC program Coordinator.

☐ My Company will be the legal forms holder of original signature documents as listed above

User Information

If you have an existing account, the employer information will be populated in the 'Employer Information Field'. In this instance you will need check with the contact person to have a user account set up for you.

5) Once the account is created, you will receive an email that will include your user name and password for the administrator of the account. The administrator will need to sign in. If you need assistance at any point during this process, you will be able to type a message into the chat box in the lower right hand corner of the screen and choose WOTC as the department.



The department can also be reached via email at **WOTC.info@tn.gov** or by phone at **(844) 216-8496**.

6) The screen below will be displayed once you click on the sign in link. Enter the username and password from your email confirmation and click on '**Login**'.

The screenshot shows a web browser window with the URL <https://ecmats-test.tn.gov/eWOTC/views/Consultant/Consultantlogin.jsf>. The page header includes the TN Department of Labor & Workforce Development logo and the text "WORK OPPORTUNITY TAX CREDIT" and "CONSULTANT". A "Home" link is visible. The main content area features a "CONSULTANT SIGN-IN" form with fields for "Username" (containing "cg20181") and "Password" (masked with dots). A "Login" button is present, and a red arrow points to the "Forgot your Password?" link below it. A "Chat with us" button is located in the bottom right corner.

JOBS4TN.GOV - Logged in x New Tab x Career Coach Schedule x Work Opportunity Tax Credit x

← → ↻ <https://ecmats-test.tn.gov/eWOTC/views/Consultant/Consultantlogin.jsf> ☆

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

Home CONSULTANT

CONSULTANT SIGN-IN

Username
cg20181

Password
.....

Login

[Forgot your Password?](#)

Chat with us

7) This screen will then be displayed. Click on **'My WOTC Employers'**.

The screenshot shows a web browser window with the URL <https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantHome.jsf>. The page header includes the TN Department of Labor & Workforce Development logo, the title "WORK OPPORTUNITY TAX CREDIT", and a navigation bar with "WOTC Dashboard" and "My WOTC Employers". The user is logged in as "DAWN TAWATER" and has a "Logout" button. A red arrow points to the "My WOTC Employers" link. Below the navigation bar, there is a section titled "WOTC Application Information" with a "Choose Year--" dropdown. It shows a table with columns: Employer Name, EIN, Total Applications, Approved, Denied, Need ICF, and Pending Documentation. The table currently displays "No records found." and pagination controls for 10 items.

Employer Name	EIN	Total Applications	Approved	Denied	Need ICF	Pending Documentation
No records found.						

8) Click on 'Add New Employer'.

The screenshot shows a web browser window with the URL <https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantEmployerManagement.jsf>. The page header includes the TN Department of Labor & Workforce Development logo, the title "WORK OPPORTUNITY TAX CREDIT", and navigation links for "WOTC Dashboard" and "My WOTC Employers". The user is logged in as "DAWN TAWATER" and can click "Logout".

The main content area features a table with the following columns: "Employer Name", "City", "State", "FEIN", "POA Status", and "Action". A red arrow points to the "Add New Employer" button located above the table. The table currently displays "No records found." and pagination information "(1 of 1)".

Employer Name	City	State	FEIN	POA Status	Action
No records found.					

9) Enter the information requested on this screen. Click **'Submit'**.

JOBS4TN.GOV - Logged in | New Tab | Career Coach Schedule | Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantEmployerManagement.jsf

TN Department of Labor & Workforce Development

WOTC Dashboard | My WOTC Employers | CONSULTANT | DAWN TAWATER | Logout

Add New Employer (1 of 1) | Search all fields: Enter keyword

Employer Name | City | State | FEIN | BOA Status | Action

No records found

Employer Management - Please enter all the required fields marked with * before submit.

Check if Employer Exist

FEIN : 111111111 Please verify if Employer exists by entering FEIN here before you proceed further.

Employer Information

* FEIN : 111111111 * Company Name : Age Old Crafters

* Address 1 : 234 Anywhere St Address 2 :

* City : Nashville * State : TENNESSEE

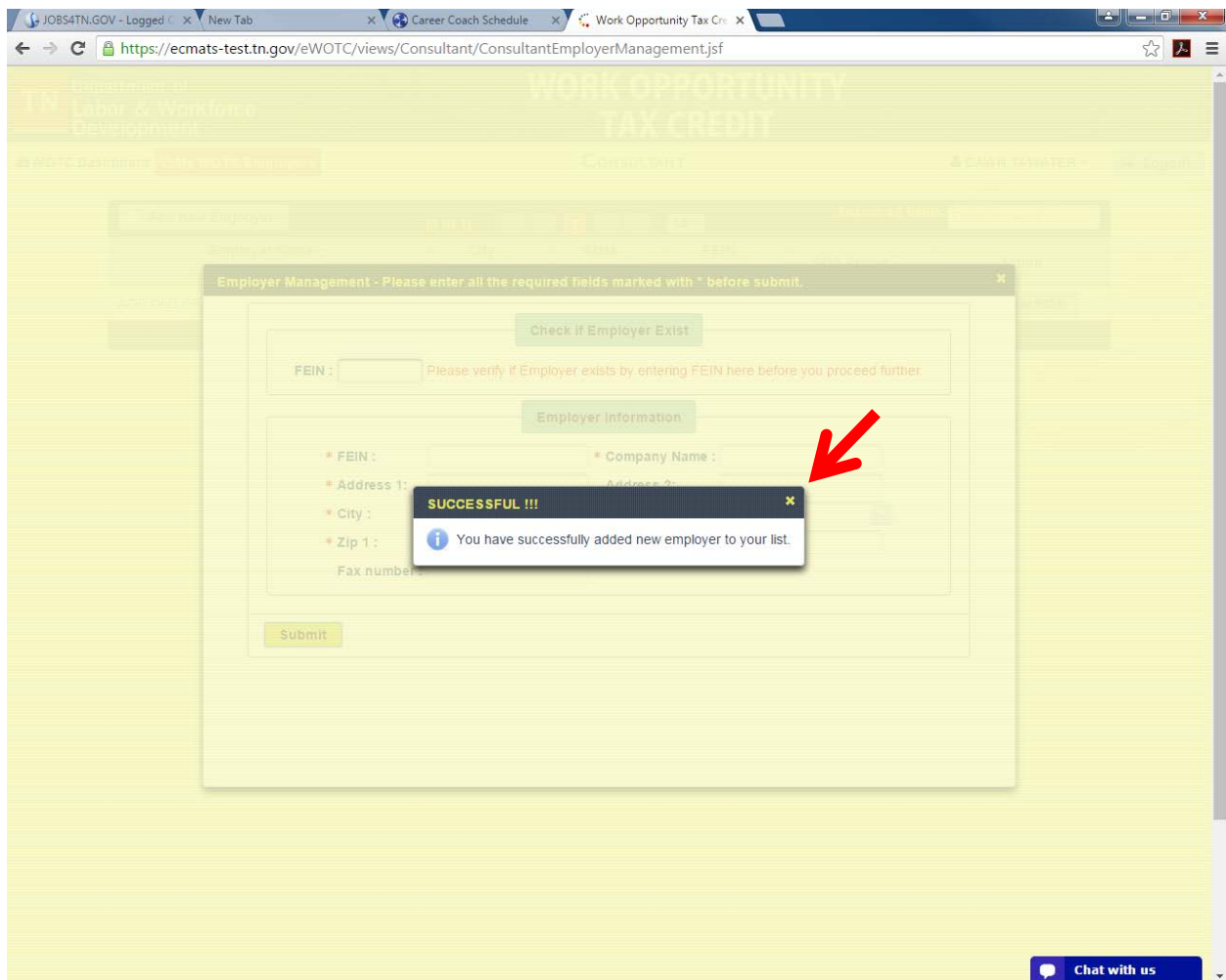
* Zip 1 : 37243 Phone number : 6155555555

Fax number :

Submit

Chat with us

10) This screen will be displayed. Click on the **X** in the popup window to close the popup.



11) You will be returned to the screen below to continue entering any other employers. When you have completed entering the information for all employers, click on the 'X' to close the box.

JOBS4TN.GOV - Logged C X New Tab X Career Coach Schedule X Work Opportunity Tax Credit X

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantEmployerManagement.jsf

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

WOTC Dashboard My WOTC Employers CONSULTANT DAWN TAWATER Logout

Add New Employer (1 of 1) Search all fields: Enter keyword

Employer Name City State FEIN

AGE OLD CR

W POA

Employer Management - Please enter all the required fields marked with * before submit.

Check if Employer Exist

FEIN : Please verify if Employer exists by entering FEIN here before you proceed further.

Employer Information

* FEIN : * Company Name :
* Address 1: Address 2:
* City : * State : Select-----
* Zip 1 : Phone number :
Fax number :

Submit

Chat with us

12) The screen below will allow you to enter new Power of Attorneys for this employer. Click on **'Add New POA'**. The status of any POAs already entered will also be displayed to the left of the **'Add New POA'** button.

The screenshot displays the 'Consultant Employer Management' interface for the Work Opportunity Tax Credit (WOTC). The header includes the TN Department of Labor & Workforce Development logo and the title 'WORK OPPORTUNITY TAX CREDIT'. The user is logged in as 'DAWN TAWATER' and is viewing the 'My WOTC Employers' section. A table lists the employer 'AGE OLD CRAFTERS' located in 'NASHVILLE, TN' with FEIN '111111111'. The 'POA Status' is 'No POA on File'. A red arrow points to the 'Add New POA' button next to the status.

Employer Name	City	State	FEIN	POA Status	Action
AGE OLD CRAFTERS	NASHVILLE	TN	111111111	No POA on File	Add New POA

13) Enter the **'Start' and 'End Date'** of the POA as well as who is authorized to sign on the POA. Click on **'Choose'** button to select and upload POA and then click **'Submit'**.

The screenshot displays the 'New POA' form within the WOTC Consultant interface. The form is titled 'New POA - Please enter all the required fields marked with * before submit.' and contains the following fields:

- Consultant Name:** TDLWD - TEST
- Company Name:** PRINCESSES
- FEIN:** 808013457
- * Start Date:** 04/01/2016
- * End Date:** 12/31/2016
- * Authorized:** Dawn Tawater (2988 characters remaining)
- POA Notes:** (1500 characters remaining)
- * Upload Supporting Document:** + Choose WOTCEE 9645.pdf
- Document Notes:** (1500 characters remaining)

Red arrows highlight the 'Start Date', 'End Date', and 'Authorized' fields. A 'Submit' button is located at the bottom of the form. The background shows the WOTC Dashboard with a list of employers and a chat window in the bottom right corner.

14) This screen will be displayed. Click the 'X' in the upper right hand corner of the pop up box to close.

The screenshot displays the 'WORK OPPORTUNITY TAX CREDIT' consultant interface. The header includes the TN Department of Labor & Workforce Development logo, the title 'WORK OPPORTUNITY TAX CREDIT', and the role 'CONSULTANT'. A search bar and navigation links are also present. The main content area features a table with columns: Employer Name, City, State, FEIN, POA Status, and Action. A red arrow points to the 'Add New POA' button for the employer 'WOTC TEST'. A pop-up message box in the center of the table states 'POA Added Successfully !!!' and 'The new POA has been added successfully.' A chat window is visible in the bottom right corner.

Employer Name	City	State	FEIN	POA Status	Action
MAGIC LAND	RAINBOW CITY	TN	987654321	EXPIRED	Add New POA
AGE OLD CRAFTERS	NASHVILLE	TN	111111111	EXPIRED	Add New POA
CEE CEE'S BEAUTY SALON	ANTIOCH	TN	777771183	EXPIRED	Add New POA
MICHAELS FINE DINING	MILLINGTON	TN	454545913	OK	
STOLEN	COLUMBIA	TN	378162172	No POA on File	Add New POA
WOTC TEST	BAYTOWN	TX	772221111	No POA on File	Add New POA
PRINCESSES	TUPELO	TN	888813411	No POA on File	Add New POA
WAX ON WAX OFF CARWASH				No POA on File	Add New POA
THIS IS ONLY A TEST LLC				No POA on File	Add New POA

15) Note that the POA status section for Princesses is now indicating awaiting approval.

Work Opportunity Tax Credit x Work Opportunity Tax Credit x Work Opportunity Tax Credit x

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantEmployerManag Search

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development **WORK OPPORTUNITY TAX CREDIT**

WOTC Dashboard My WOTC Employers **CONSULTANT** DAWN TAWATER Logout

+ Add New Employer (1 of 1) 1 10 Search all fields Enter keyword

Employer Name	City	State	FEIN	POA Status	Action
MAGIC LAND	RAINBOW CITY	TN	987654321	EXPIRED	Add New POA
AGE OLD CRAFTERS	NASHVILLE	TN	111111111	EXPIRED	Add New POA
CEE CEE'S BEAUTY SALON	ANTIOCH	TN	777771183	EXPIRED	Add New POA
MICHAELS FINE DINING	MILLINGTON	TN	454545913	OK	
STOLEN	COLUMBIA	TN	370762122	Waiting TN Approval	
WOTC TEST	BAYTOWN	TX	222222222	Waiting TN Approval	
PRINCESSES	TUPELO	TN	808013457	Waiting TN Approval	
WAX ON WAX OFF CARWASH	HENDERSONVIL	TN	654987321	No POA on File	Add New POA
THIS IS ONLY A TEST LLC	HOUSTON	TX	447744774	No POA on File	Add New POA

(1 of 1) 1 10

Chat with us

Type your message here

16) Once the POA has been approved by WOTC, the POA status will change to OK. Once the status indicates OK applications may be entered. Until then, you will be able to access the account and look at previous applications that have been entered, but you will not be able to enter new applications.

The screenshot displays the 'Consultant' view of the WOTC system. The header includes the Tennessee Department of Labor & Workforce Development logo and the title 'WORK OPPORTUNITY TAX CREDIT'. The user is logged in as 'DAWN TAWATER'. The main content area shows a table of employers with the following data:

Employer Name	City	State	FEIN	POA Status	Action
MAGIC LAND	RAINBOW CITY	TN	987654321	EXPIRED	Add New POA
AGE OLD CRAFTERS	NASHVILLE	TN	111111111	EXPIRED	Add New POA
CEE CEE'S BEAUTY SALON	ANTIOCH	TN	777771183	EXPIRED	Add New POA
MICHAELS FINE DINING	MILLINGTON	TN	454545913	OK	
STOLEN	COLUMBIA	TN	370762122	Waiting TN Approval	
WOTC TEST	BAYTOWN	TX	222222222	Waiting TN Approval	
PRINCESSES	TUPELO	TN	808013457	Waiting TN Approval	
WAX ON WAX OFF CARWASH	HENDERSONVIL	TN	654987321	NO POA on File	Add New POA
THIS IS ONLY A TEST LLC	HOUSTON	TX	447744774	No POA on File	Add New POA

At the bottom right, there is a 'Chat with us' button and a text input field for messages.

17) To enter applications, click on the **'FEIN' with an approved POA**. The screen below will be displayed. Click on **'Add New WOTC Application'**.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantApplicationSearch

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development

WOTC Dashboard My WOTC Employers

CONSULTANT DAWN TAWATER Logout

EMPLOYER: MICHAEL S FINE DINING FEIN: 454545913

WOTC APPLICATIONS SEARCH Refresh

SSN: [Enter SSN to see] First Name: [Enter First Name to see] Last Name: [Enter Last Name to see] Status: [Choose Status] Fiscal Year: [YYYY]

Date Type: [Choose Date Type] From Date: [From Date] To Date: [To Date] Other Actions: [Choose Type]

Add New WOTC Application

Approved Applications Denied Applications Pending document Applications

Expand the row to view more details about the Claim.

Application	SSN	First Name	Last Name	FY	Status
No records found.					

Total 0 records.

Chat with us

Type your message here

18) To add a new application, enter all of the information marked with a red asterisk (*) in each section below. Once the Employee info is entered, click the **'Next'** button.

Work Opportunity Tax Credit

Work Opportunity Tax Credit

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Consultant/NewApplications.jsf?faces-

Search

Most Visited

TN Department of Labor & Workforce Development

WOTC Dashboard

My WOTC Employers

WORK OPPORTUNITY TAX CREDIT

CONSULTANT

DAWN TAWATER

Logout

EMPLOYER: MICHAEL'S FINE DINING FEIN: 454545913

Employee Info

8850 - Page 1

8850 - Page 2

ICF 9061 Form

Confirmation

Employee Details

* SSN:

Birth Date: MM/DD/YYYY

* City:

* First Name:

* Address 1:

* St: -Select-

* Last Name:

Address 2:

* Zip 1:

Employee Email Address:

Next

Chat with us

Type your message here

19) Fill out the '8850 - Page 1' information by checking the boxes that apply. In the Signature section, be sure to **check in the 'Signature Box' and enter the Date**. Click on the 'Next' button.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/NewApplications.jsf

Employee Info **8850 - Page 1** 8850 - Page 2 ICF 9061 Form Confirmation

8850 Details - Page 1

☐ 1) Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

☐ 2) Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (foodstamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

☐ 3) Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

☐ 4) Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

☐ 5) Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

☐ 6) Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months; or
- Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature - All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

* Job Applicant's Signature : ☐ Select check-box in lieu of your signature

* Date : MM/DD/YYYY

Back Next

10:08 AM 3/15/2016

20) The **'Employer Details'** will be automatically populated and cannot be changed. Filling in the **'Date Applicant'** section and the **'Employer's Signature'** section is required. The final date listed in the **'Employers Signature'** section will be auto populated and cannot be changed. The name of the person signing in this section cannot be the applicant name, but should be the company representative's name. Click the **'Next'** button.

Work Opportunity Tax Credit x Work Opportunity Tax Credit x Work Opportunity Tax Credit x +

https://ecmats-test.tn.gov/eWOTC/views/Consultant/NewApplications.jsf?faces- Search

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

WOTC Dashboard My WOTC Employers **CONSULTANT** DAWN TAWATER Logout

EMPLOYER: MICHAELS FINE DINING FEIN: 454545913

Employee Info 8850 - Page 1 **8850 - Page 2** ICF 9061 Form Confirmation

Employer Details - For Employer's Use Only

FEIN:	454545913	Company Name:	MICHAELS FINE DINING	Contact Person's Name :	
Telephone # :		Employer's Contact Email :			
Address :	9090 CHANCE WAY, MILLINGTON, TN 38088				

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date Applicant

* Gave Information :	* Was Offered Job :	* Was Hired :	* Started Job :
04/08/2016	04/08/2016	04/08/2016	04/08/2016

Employers Signature

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

* Employer's Signature :	* Name of Person Signing	* Title	* Date :
<input checked="" type="checkbox"/> Select check-box in lieu of your signature	Michael Jones	Owner	04/08/2016

Back Next

Chat with us

Type your message here

21) Fill out the '9061 form'. Every field marked with a red asterisk (*) is required.

Work Opportunity Tax Credit x Work Opportunity Tax Credit x Work Opportunity Tax Credit x +

https://ecmats-test.tn.gov/eWOTC/views/Consultant/NewApplications.jsf?faces- Search

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development

WOTC Dashboard My WOTC Employers **CONSULTANT** DAWN TAWATER Logout

EMPLOYER: MICHAELS FINE DINING FEIN: 454545913

Employee Info 8850 - Page 1 8850 - Page 2 **ICF 9061 Form** Confirmation

APPLICANT INFORMATION

* 8. Have you worked for this employer before?
☐ Yes ☐ No If YES, enter last date of employment: MM/DD/YYYY

APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION

* 10. Starting Wage(Per Hour) Choose Wage-- * 11(a). Position
* 11(b). Occupation Choose Occupation--

* 12. Are you at least age 16, but under age 40? ☐ Yes ☐ No

* 13. Are you a Veteran of the U.S. Armed Forces?
☐ Yes ☐ No
If NO, go to Box 14.
* If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least 3 months during the 15 months before you were hired?
☐ Yes ☐ No
If YES, enter name of primary recipient city and state where benefits were received -Select-

* OR, are you a veteran entitled to compensation for a service-connected disability?
☐ Yes ☐ No

* If YES, were you discharged or released from active duty within the year before you were hired?
☐ Yes ☐ No

* OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?
☐ Yes ☐ No

* 14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired?
☐ Yes ☐ No

* OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them?
☐ Yes ☐ No

If YES to either question, enter name of primary recipient city and state where benefits were received -Select-

Chat with us

Type your message here

22) Sources for documentation are not required to be described, however the box certifying the information is true and correct must be checked. At least one of the questions 13-22 must be answered 'yes' in order to submit the application. Click the 'Next' button when this page is complete.

The screenshot shows a web browser window with multiple tabs open, all titled "Work Opportunity Tax Credit". The address bar shows the URL: <https://ecmats-test.tn.gov/eWOTC/views/Consultant/NewApplications.jsf?faces->. The browser's "Most Visited" list includes "TN Department of Lab...", "Welcome - Tennessee...", "NewsChannel5.com N...", "Zendesk", and "Work Opportunity Tax ...".

The main content area displays a form titled "Was this a Federal or a State conviction? (Check one)". Below this, there are five questions with radio button options for "Yes" and "No":

- 18. Do you live in a Rural Renewal County (RRC)?
☐ Yes ☒ No
- 19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?
☐ Yes ☒ No
- 20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?
☐ Yes ☒ No
- 21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?
☐ Yes ☒ No
- 22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?
☐ Yes ☒ No

Question 23 asks for sources used to document eligibility, with separate fields for Employers/Consultants and SWAs. Below this is a large text area for documentation details.

A red arrow points to a checkbox labeled "I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification." which is currently checked.

Below the certification is a "Signature" section. It includes a "24(a). Signature:" label and a checkbox "Select check-box in lieu of your signature" which is checked. To the right, under "24(b). Indicate with a TICK who signed the form", there are radio buttons for "Employer", "Consultant" (which is selected), "SWA", "Participating Agency", "Applicant", and "Parent/Guardian (if applicant is a minor)". To the right of these is a "24(c). Date:" label and a date input field showing "04/08/2016".

At the bottom of the form are "Back" and "Next" buttons. The "Next" button is highlighted with a green border.

23) The confirmation screen will be displayed. If the information is not correct, please hit the **'Back'** button to correct any info as needed. Click the **'Submit'** button.

The screenshot displays the WOTC Confirmation screen. At the top, the browser address bar shows the URL: <https://ecmats-test.tn.gov/eWOTC/views/Consultant/NewApplications.jsf?faces->. The page header includes the Tennessee Department of Labor & Workforce Development logo and the title "WORK OPPORTUNITY TAX CREDIT". The user is logged in as "DAWN TAWATER" with a "Logout" button next to the name. The main content area is titled "EMPLOYER: MICHAEL'S FINE DINING FEIN: 454545913". It features a tabbed interface with "Employee Info", "8850 - Page 1", "8850 - Page 2", "ICF 9061 Form", and "Confirmation" (the active tab). The "Confirmation" tab displays a form with the following details:

Employee Details		Employer Details		Application Details	
SSN:	123654897	FEIN:		Gave Information:	04-08-2016
First Name:	JOHN	Company Name:		Was Offered Job:	04-08-2016
Last Name:	SMITH	Representative:		Hire Date:	04-08-2016
Birth Date:	Wed Apr 01 00:00:00 CST 1992	Address 1:		Start Date:	04-08-2016
Address 1:	123 ANYWHERE ST	Address 2:		City:	
Address 2:		State:		Occupational Code:	03
City:	NASHVILLE	Zip:		Start Wage Code:	03
State:	TN	Phone:			
Zip:	37228				

Below the form is a "Submit" button. A "Back" button is located at the bottom left of the form area. A red arrow points to the "Logout" button in the top right corner of the page.

24) You will now have the opportunity to enter any further applicant's information as needed. When done, click the **'Logout'** button.

25) You will have 90 days to upload any needed documentation.

26) To search applications, from this screen, choose any option listed to filter the results – you may choose by '**Status**' type, '**Date**' type, '**Social Security Number**' or '**Name**'.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantApplicationSearch

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development

WOTC Dashboard My WOTC Employers

WORK OPPORTUNITY TAX CREDIT

CONSULTANT

DAWN TAWATER Logout

EMPLOYER: MICHAEL S FINE DINING FEIN: 454545913

WOTC APPLICATIONS SEARCH

Refresh

SSN: [Enter SSN to s] First Name: [Enter First Name to see] Last Name: [Enter Last Name to see] Status: [Choose Status] Fiscal Year: [YYYY]

Date Type: [Choose Date Type] From Date: [From Date] To Date: [To Date]

Approved Applications Denied Applications Pending d

Expand the row to view more details about the Claim.

(1 of 1) 10

Application SSN First Name Last Name Status

No records found.

(1 of 1) 10

Total 0 records.

Chat with us

27) Below we have set a filter to view applications by those which are 'Pending Review'.

Work Opportunity Tax Credit x Work Opportunity Tax Credit x Work Opportunity Tax Credit x +

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantApplicationSearch Search

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development

WOTC Dashboard My WOTC Employers **CONSULTANT** DAWN TAWATER Logout

EMPLOYER: MICHAEL'S FINE DINING FEIN: 454545913

WOTC APPLICATIONS SEARCH Refresh

SSN: Enter SSN to s First Name: Enter First Name to se Last Name: Enter Last Name to se Status: Pending Review Fiscal Year: YYYY

Date Type: Choose Date Type From Date: From Date To Date: To Date Other Actions: Choose Type Add New WOTC Application

Approved Applications Denied Applications Pending document Applications

Expand the row to view more details about the Claim.

(1 of 1) 1 10

Application	SSN	First Name	Last Name	FY	Status	Actions
453607	123654897	JOHN	SMITH	2016	Pending Review	Actions

(1 of 1) 1 10

Total 1 records.

Chat with us

28) To view application details, click on the red drop down arrow next to the application number.

The screenshot shows the 'WORK OPPORTUNITY TAX CREDIT' application search interface. At the top, there's a header for the 'Department of Labor & Workforce Development' and a 'CONSULTANT' role. Below this is a search bar and a table of search results. A red arrow points to a red drop-down arrow next to the application number 453607 in the search results table. The table has columns for Application, SSN, First Name, Last Name, FY, and Status. The application details for 453607 are shown below the table, including Hire Date, Start Date, and Application Received date.

WOTC APPLICATIONS SEARCH

SSN: [Enter SSN to see] First Name: [Enter First Name to see] Last Name: [Enter Last Name to see] Status: Pending Review Fiscal Year: YYYY

Date Type: [Choose Date Type] From Date: [From Date] To Date: [To Date] Other Actions: [Choose Type] Add New WOTC Application

Approved Applications Denied Applications Pending document Applications

Expand the row to view more details about the Claim.

Application	SSN	First Name	Last Name	FY	Status	Actions
453607	123654897	JOHN	SMITH	2016	Pending Review	[Red Drop Down Arrow]

Application Details

Cert Target Grp: [] Certified Date: []

Hire Date: 04-08-2016 Start Date: 04-08-2016 Application Received: 04-08-2016

Total 1 records.

29) To view application or any documents that you have uploaded, including determinations, click on the yellow folder with the green arrow next to the status section of the page.

Work Opportunity Tax Credit

Work Opportunity Tax Credit

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantApplicationSearch

Search

Most Visited TN Department of Lab... Welcome - Tennessee ... NewsChannel5.com N... Zendesk Work Opportunity Tax ...

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

WOTC Dashboard My WOTC Employers

CONSULTANT

DAWN TAWATER Logout

EMPLOYER: MICHAEL'S FINE DINING FEIN: 454545913

WOTC APPLICATIONS SEARCH

Refresh

SSN: Enter SSN to s First Name: Enter First Name to se Last Name: Enter Last Name to se Status: Pending Review Fiscal Year: YYYY


Date Type: Choose Date Type From Date: From Date To Date: To Date Other Actions: Choose Type

Add New WOTC Application

Approved Applications Denied Applications Pending document Applications

Expand the row to view more details about the Claim.

(1 of 1)

Application	SSN	First Name	Last Name	FY	Status	Actions
453607	123654897	JOHN	SMITH	2016	Pending Review	

Application Details

Cert Target Grp:

Hire Date: 04-08-2016 Start Date: 04-08-2016 Certified Date: Application Received: 04-08-2016

(1 of 1)

Total 1 records.

Chat with us

30) The pop up screen will display documents submitted and allow you to download them.

The screenshot shows a web browser window with multiple tabs for 'Work Opportunity Tax Credit'. The address bar displays the URL: <https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantApplicationSearch>. The page header includes the 'TN Department of Labor & Workforce Development' logo and the title 'WORK OPPORTUNITY TAX CREDIT'. The user is logged in as 'DAWN TAWATER' with a 'Logout' link.

The main content area is titled 'WOTC APPLICATIONS SEARCH' and includes a search bar with fields for SSN, First Name, Last Name, Status (set to 'Pending Review'), and Fiscal Year. There are also fields for Date Type, From Date, To Date, and Other Actions. A 'Refresh' button and an 'Add New WOTC Application' button are also present.

A pop-up window titled 'Application Documents' is overlaid on the search results. It contains a table with the following data:

File Name	Document Type	Submitted Date	Submitted BY	Download
8850.pdf	Form 8850	04-08-2016	TN-WOTC	Download
9061.pdf	Form 9061	04-08-2016	TN-WOTC	Download

The background of the page shows a list of applications with columns for Application, SSN, and Name. The first application listed is 453607, 123654897, JOHNSON. There is also a section for 'Application Details' with fields for Cert Target Grp and Hire Date.

31) Click on the **'Actions'** button to upload a new document or mark as no longer pursuing.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Consultant/ConsultantApplicationSearch

Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

CONSULTANT

DAWN TAWATER Logout

EMPLOYER: MICHAEL S FINE DINING FEIN: 454545913

WOTC APPLICATIONS SEARCH

Refresh

SSN: [Enter SSN to see] First Name: [Enter First Name to see] Last Name: [Enter Last Name to see] Status: Pending Review Fiscal Year: YYYY

Date Type: [Choose Date Type] From Date: [From Date] To Date: [To Date] Other Actions: [Choose Type]

Add New WOTC Application

Approved Applications Denied Applications Pending document Applications

Expand the row to view more details about the Claim.

(1 of 1)

Application	SSN	First Name	Last Name	FY	Status	Actions
453607	123654897	JOHN	SMITH	2016	Pending Review	Actions

Application Details

Upload New Document

Mark As No Longer Pursuing

Cert Target Grp:

Hire Date: 04-08-2016 Start Date: 04-08-2016 Certified Date: Application Received: 04-08-2016

(1 of 1)

Total 1 records.

Chat with us

Chapter 5.3

Employer User Guide

Employer User Guide

- 1) Go to **<https://wfs.tdlwd.tn.gov/eWOTC/>**
- 2) Click on the **'Apply Now'** link to get started.

TN Work Opportunity Tax Credit
WOTC

Employers
Employer accounts are for those employers who will manage their own Work Opportunity Tax Credit submissions.
→ Sign In
Don't have an account? → **Apply now**
→ **Employer User Guide**

Consultants
Consultant accounts are available to manage multiple employers' Work Opportunity Tax Credit submissions.
→ Sign In
Don't have an account? → Apply now

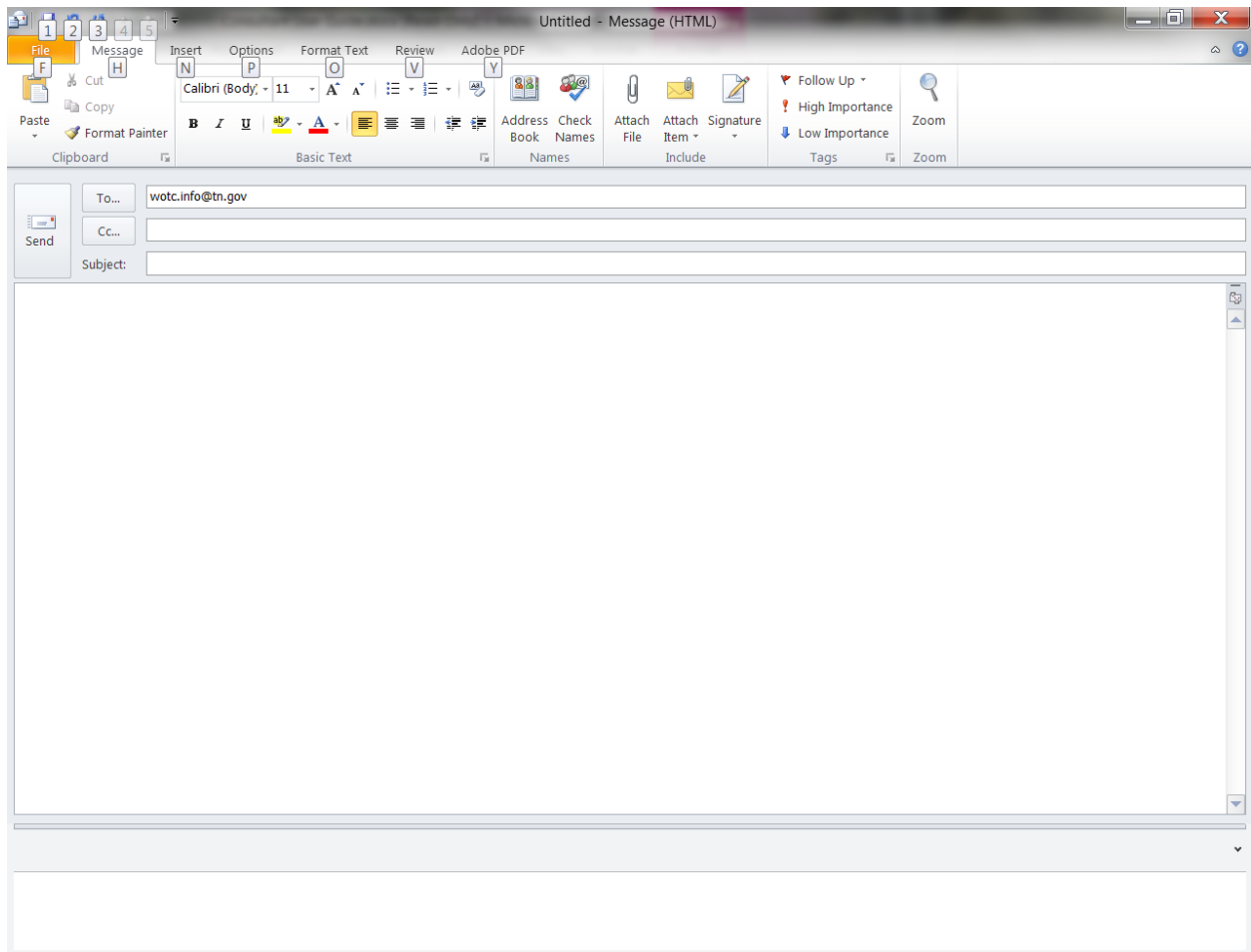
State Coordinator
State coordinator accounts are available for requesting information needed to perform WOTC certificate request determinations in states other than Tennessee.
→ Sign In
Don't have an account? → Apply now

▶ Eligibility Requirements
▶ Target Groups and Documentations Required
▶ Forms
▶ Learn More
▼ **Contact Us**

Call Us (844) 216 8495
Email Us WOTC.INFO@TN.GOV

Chat with us
Type your message here

3) A window using Outlook will appear allowing you to send an email to the WOTC unit. In this email, you will need to request your initial account.



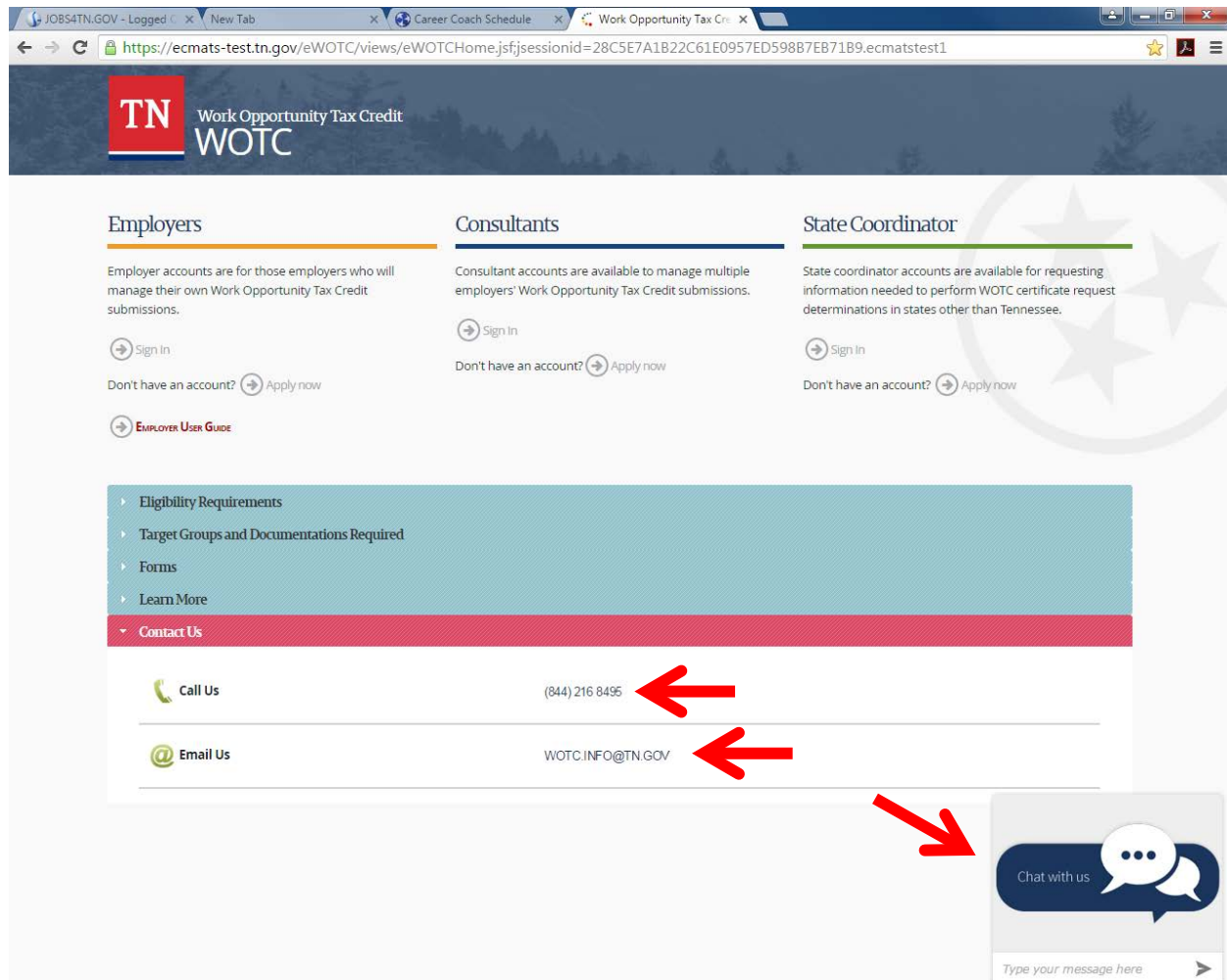
4) Enter the 'FEIN' and hit the enter key to verify that you do not currently have an account.

The screenshot shows the 'EMPLOYER' registration page for the Tennessee Work Opportunity Tax Credit. The header includes the TN Department of Labor & Workforce Development logo and the title 'WORK OPPORTUNITY TAX CREDIT EMPLOYER'. A 'Home' link is in the top left. The main form is divided into several sections:

- Check if Employer Exist:** Contains a 'FEIN' input field. A red arrow points to this field. A red message states: 'Please verify if Employer exists by entering FEIN here before you proceed further.'
- Employer Information:** Contains fields for:
 - * FEIN
 - * Address 1
 - * City
 - * Zip 1
 - * Fax number
 - * Company Name
 - * Address 2
 - * State (dropdown menu)
 - * Phone number
 - * Contact Person's Name
 - * Contact Person's Email Address
- Notification:** A message: 'Please select one of the option if you wish to be notified by Email when an action was taken on your applications. You can always make changes to your selection from your profile management.' followed by a '--Select Notification Type--' dropdown.
- Legal Forms Holder:** Contains explanatory text about legal forms holders and a checkbox labeled 'My Company will be the legal forms holder of original signature documents as listed above'.
- User Information:** A section at the bottom of the form.

If you have an existing account, the employer information will be populated in the 'Employer Information Field'. In this instance you will need check with the contact person to have a user account set up for you.

5) Once the account is created, you will receive an email that will include your user name and password for the administrator of the account. The administrator will need to sign in. If you need assistance at any point during this process, you will be able to type a message into the chat box in the lower right hand corner of the screen and choose WOTC as the department.



The department can also be reached via email at **WOTC.info@tn.gov** or by phone at **(844) 216-8496**.

6) If your account is not already in the system please fill in the fields marked with red asterisks (*) and click on the **'Submit'** button at the bottom of the page.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/EmployerRegistration.jsf?faces-redirect=true?

Check if Employer Exist

FEIN : 562314258 Please verify if Employer exists by entering FEIN here before you proceed further.

Employer Information

* FEIN : 562314258 * Company Name : XYZ Company
* Address 1 : 345 Smith Street Address 2 :
* City : Nashville * State : TENNESSEE
* Zip 1 : 37228 * Phone number : 6150000000
Fax number :
* Contact Person's Name : James Doe * Contact Person's Email Address : wotc.info@tn.gov

Please select one of the option if you wish to be notified by Email when a decision was made on your applications. You can always make changes to your selection from your profile management.

--Select Notification Type--
--Select Notification Type--
For Every Decision
Once Daily

Legal Forms Holder

A legal forms holder must be designated to hold(maintain) original signature documents (IRS 8850, documentation) for a period of five years from the year that the tax credit is filed by the employer. When your company is designated as the legal forms holder, you are authorized to enter data from the original signature documents and submit this information electronically to the TN WOTC program Coordinator.

If you choose to be designated as the legal forms holder, click the checkbox below.
If you do not choose to be designated as the legal forms holder, you will not submit data electronically, but you can utilize automated WOTC system to print documents. Send the original signature documents (IRS 8850, ETA 9061, and any supporting documentation) to the TN WOTC program Coordinator.

☐ My Company will be the legal forms holder of original signature documents as listed above

User Information

* Login ID : jamesdoe * First Name : James
* Last Name : Doe * Email Address : WOTC.INFO@TN.GOV
* Phone Number : 6150000000 Phone Extension :
Fax Number : Fax Extension :
* Password : * Verify Password :

Submit

7) You will receive a notification that your online application has been processed and you will receive two emails verifying your approval.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/EmployerRegistration.jsf?faces-redirect=true?

Check if Employer Exist

FEIN : Please verify if Employer exists by entering FEIN here before you proceed further.

Employer Information

* FEIN : * Company Name :
* Address 1: Address 2:
* City : * State :
* Zip 1 : * Phone number :
Fax number :

* Contact Person's Name : * Contact Person's Email Address :

Please select one of the option if you wish to be notified by Email when a decision was made on your applications. You can always make changes to your selection from your profile management.

Select Notification Type:

Legal Forms Holder

☐ My Company will be the legal forms holder of original signature documents as listed above

User Information

Department of Labor and Workforce Development | 220 French Landing Drive | Nashville, Tennessee 37243

9:36 AM 3/15/2016

Your request is processed successfully!!!

Information icon: Your request to access the WOTC online application have been processed successfully. You will receive an Email upon successfull verification and approval by WOTC admin.

8) Once the verification emails have been received go to: <https://wfs.tdlwd.tn.gov/eWOTC/> and click on 'Sign In'.

TN Work Opportunity Tax Credit WOTC

Employers
Employer accounts are for those employers who will manage their own Work Opportunity Tax Credit submissions.
→ Sign In
Don't have an account? → Apply now
→ **EMPLOYER USER GUIDE**

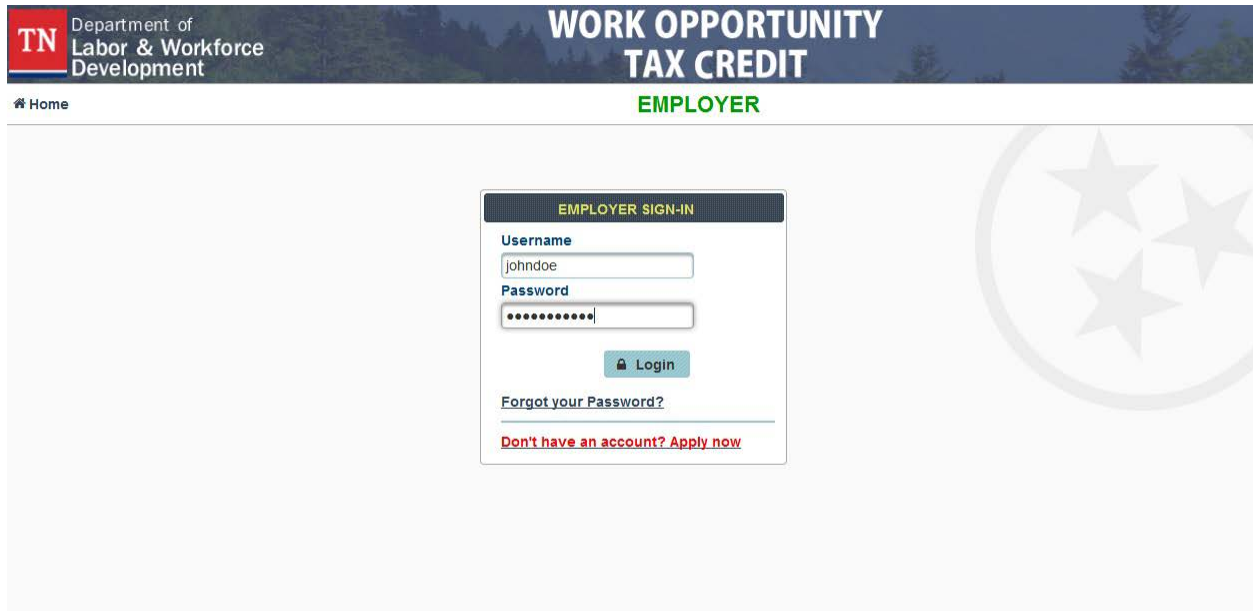
Consultants
Consultant accounts are available to manage multiple employers' Work Opportunity Tax Credit submissions.
→ Sign In
Don't have an account? → Apply now

State Coordinator
State coordinator accounts are available for requesting information needed to perform WOTC certificate request determinations in states other than Tennessee.
→ Sign In
Don't have an account? → Apply now

Contact Us
Eligibility Requirements
Target Groups and Documentations Required
Forms
Learn More
Call Us (844) 216 8495
Email Us WOTC.INFO@TN.GOV

Chat with us
Type your message here

9) Enter your user name and password and click on 'Login'.



The screenshot shows the 'EMPLOYER SIGN-IN' page for the 'WORK OPPORTUNITY TAX CREDIT' program. The header includes the TN Department of Labor & Workforce Development logo and the text 'WORK OPPORTUNITY TAX CREDIT' and 'EMPLOYER'. The main content area features a sign-in form with fields for 'Username' (containing 'johndoe') and 'Password' (masked with dots). A 'Login' button is positioned below the password field. Below the login button, there are links for 'Forgot your Password?' and 'Don't have an account? Apply now'. A large, faint graphic of the three-star logo is visible in the background on the right side of the page.

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

EMPLOYER

Home

EMPLOYER SIGN-IN

Username

johndoe

Password

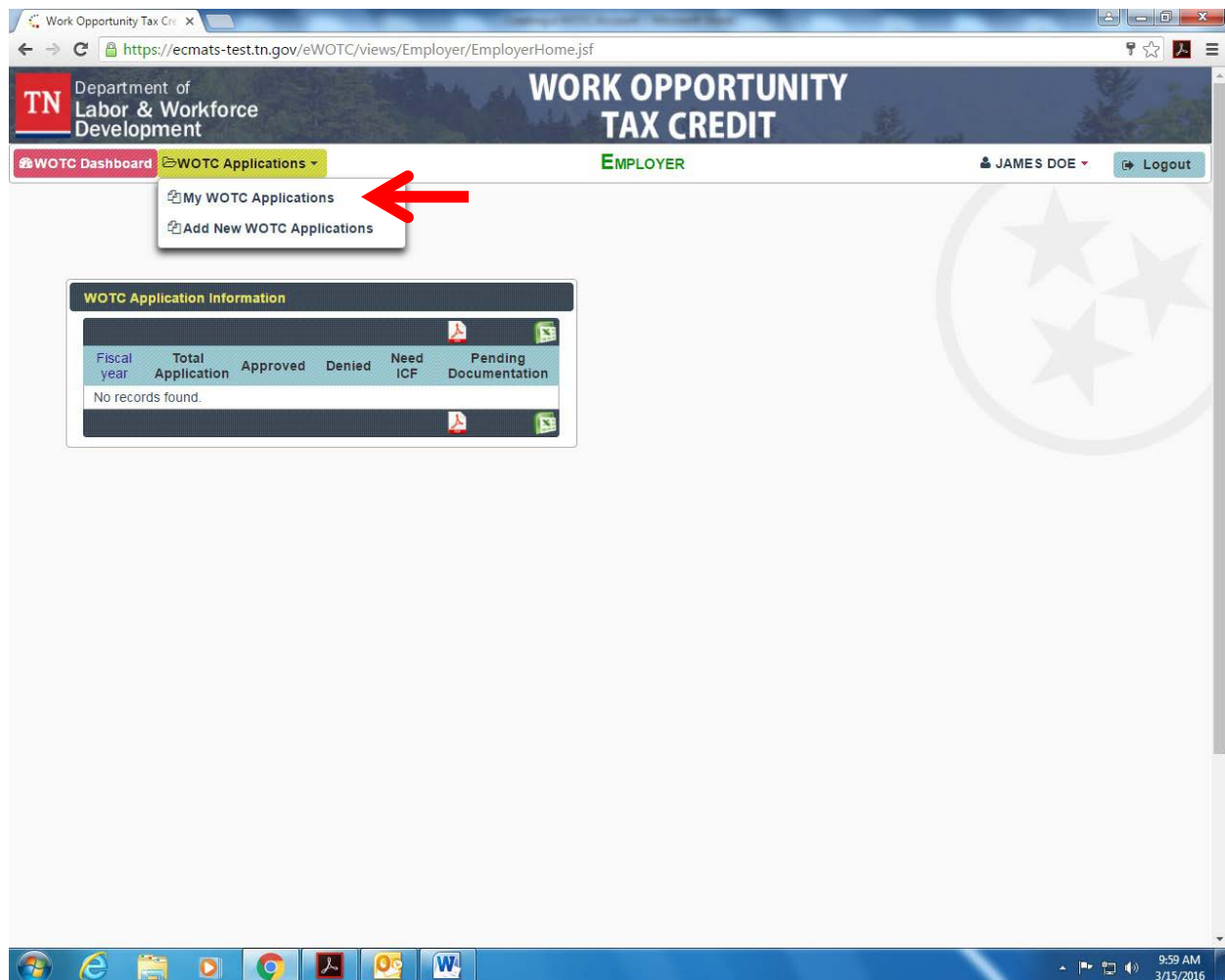
.....

Login

[Forgot your Password?](#)

[Don't have an account? Apply now](#)

10) Click **'WOTC Applications'** and choose **'My WOTC Applications'** to add documentation, check the status of an application, or view/print a certification/denial letter. Choose **'Add New WOTC Applications'** to create a new application.



11) To add a new application, enter all of the information marked with a red asterisk (*) in each section below. Once the employee info is entered, click the **'Next'** button.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/NewApplications.jsf

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

WOTC Dashboard WOTC Applications EMPLOYER JAMES DOE Logout

Employee Info 8850 - Page 1 8850 - Page 2 ICF 9061 Form Confirmation

Employee Details

* SSN :	<input type="text"/>	* First Name :	<input type="text"/>	* Last Name :	<input type="text"/>
Birth Date :	<input type="text" value="MM/DD/YYYY"/>	* Address 1 :	<input type="text"/>	Address 2 :	<input type="text"/>
* City :	<input type="text"/>	* St :	<input type="text" value="-Select-"/>	* Zip 1 :	<input type="text"/>
Employee Email Address :		<input type="text"/>			

Next

12) Fill out the '8850 - Page 1' information by checking the boxes that apply. In the 'Job Applicant's Signature' section be sure to check in the signature box and enter the date. Click on the 'Next' button.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/NewApplications.jsf

Employee Info 8850 - Page 1 8850 - Page 2 ICF 9061 Form Confirmation

8850 Details - Page 1

☐ 1) Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

☐ 2) Check here if any of the following statements apply to you.

- ☐ I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- ☐ I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (foodstamps) for at least a 3-month period during the past 15 months.
- ☐ I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- ☐ I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
- ☐ During the past year, I was convicted of a felony or released from prison for a felony.
- ☐ I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- ☐ I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

☐ 3) Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

☐ 4) Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

☐ 5) Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

☐ 6) Check here if you are a member of a family that:

- ☐ Received TANF payments for at least the past 18 months; or
- ☐ Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
- ☐ Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature - All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

* Job Applicant's Signature :
☐ Select check-box in lieu of your signature

* Date :
MM/DD/YYYY

Back Next

13) The **'Employer Details'** will be automatically populated and cannot be changed. Filling in the **'Date Applicant'** section and the **'Employers Signature'** section is required. The final date listed in the **'Employers Signature'** section will be auto populated and cannot be changed. The name of the person signing in this section cannot be the applicant name, but should be the company representative's name. Click the **'Next'** button.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/NewApplications.jsf

TN Department of Labor & Workforce Development

WORK OPPORTUNITY TAX CREDIT

WOTC Dashboard WOTC Applications EMPLOYER JAMES DOE Logout

Employee Info 8850 - Page 1 8850 - Page 2 ICF 9061 Form Confirmation

Employer Details - For Employer's Use Only

FEIN:	562314258	Company Name:	XYZ COMPANY	Contact Person's Name:	JAMES DOE
Telephone #:	6150000000	Employer's Contact Email: WOTC.INFO@TN.GOV			
Address:	345 SMITH STREET, NASHVILLE, TN 37228				

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date Applicant

* Gave Information :	* Was Offered Job :	* Was Hired :	* Started Job :
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Employers Signature

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

* Employer's Signature :	* Name of Person Signing	* Title	* Date :
Select check-box in lieu of your signature			03/15/2016

Back Next

10:11 AM 3/15/2016

14) Fill out the '9061 Form'. Every field marked with a red asterisk (*) is required.

The screenshot shows a web browser window with the URL <https://ecmats-test.tn.gov/eWOTC/views/Employer/NewApplications.jsf>. The browser's address bar shows the URL, and the page title is "Work Opportunity Tax Credit". The user is logged in as "JAMES DOE" and has a "Logout" button. The page has a navigation bar with tabs: "Employee Info", "8850 - Page 1", "8850 - Page 2", "ICF 9061 Form" (highlighted), and "Confirmation". Below the navigation bar is a section titled "APPLICANT INFORMATION" with a red asterisk (*) next to question 8: "Have you worked for this employer before?". There are radio buttons for "Yes" and "No". To the right of question 8 is a text field for "If YES, enter last date of employment : MM/DD/YYYY". Below this is a section titled "APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION". This section contains several questions marked with a red asterisk (*):

- Question 10: "Starting Wage(Per Hour)" with a dropdown menu labeled "Choose Wage".
- Question 11(a): "Position" with a text input field.
- Question 11(b): "Occupation" with a dropdown menu labeled "Choose Occupation".
- Question 12: "Are you at least age 16, but under age 40?" with radio buttons for "Yes" and "No".
- Question 13: "Are you a Veteran of the U.S. Armed Forces?" with radio buttons for "Yes" and "No". Below this is a note: "If NO, go to Box 14."
- Question 14: "Are you a member of a family that received SNAP (Food Stamps) benefits for at least 3 months during the 15 months before you were hired?" with radio buttons for "Yes" and "No". Below this is a text field for "If YES, enter name of primary recipient" and a dropdown menu for "city and state where benefits were received".
- Question 15: "OR, are you a veteran entitled to compensation for a service-connected disability?" with radio buttons for "Yes" and "No".
- Question 16: "If YES, were you discharged or released from active duty within the year before you were hired?" with radio buttons for "Yes" and "No".
- Question 17: "OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?" with radio buttons for "Yes" and "No".
- Question 18: "Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired?" with radio buttons for "Yes" and "No".
- Question 19: "OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them?" with radio buttons for "Yes" and "No".

The bottom of the screenshot shows a Windows taskbar with various application icons and a system clock showing "10:15 AM 3/15/2016".

15) Sources for documentation are not required to be described, however the box certifying the information is true and correct must be checked. At least one of the questions 13-22 must be answered 'yes' in order to submit the application. Click the 'Next' button when this page is complete.

Work Opportunity Tax Credit

https://ecmats-test.tn.gov/eWOTC/views/Employer/NewApplications.jsf

Federal State

* 18. Do you live in a Rural Renewal County (RRC)?
☒ Yes ☐ No

* 19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?
☐ Yes ☒ No

* 20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?
☐ Yes ☒ No

* 21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?
☐ Yes ☒ No

* 22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?
☐ Yes ☒ No

23. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)

☒ I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

Signature

* 24(a). Signature :
☒ Select check-box in lieu of your signature

* 24(b). Indicate with a TICK who signed the form
☒ Employer
☐ Consultant
☐ SWA
☐ Participating Agency
☐ Applicant
☐ Parent/Guardian (if applicant is a minor)

* 24(c). Date :
03/15/2016

Back Next

10:20 AM 3/15/2016

16) The confirmation screen will be displayed. If the information is not correct, please hit the **'Back'** button to correct any info as needed. Click the **'Submit'** button.

Work Opportunity Tax Credit

Department of Labor & Workforce Development

WOTC Dashboard WOTC Applications EMPLOYER JAMES DOE Logout

Employee Info 8850 - Page 1 8850 - Page 2 ICF 9061 Form **Confirmation**

Confirmation

Employee Details	Employer Details	Application Details	Consultant Details
SSN: 235641892	FEIN: 562314258	Gave Information: 03-01-2016	
First Name: SAM	Company Name: XYZ COMPANY	Was Offered Job: 03-04-2016	
Last Name: WINCHESTER	Representative: JAMES DOE	Hire Date: 03-07-2016	
Birth Date: Thu Aug 16 00:00:00 CDT 1956	Address 1: 345 SMITH STREET	Start Date: 03-09-2016	
Address 1: 123 SUPERNATURAL DRIVE	Address 2:	Occupational Code: 06	
Address 2:	City: NASHVILLE	Start Wage Code: 03	
City: NASHVILLE	State: TN		
State: TN	Zip: 37228		
Zip: 37228	Phone: 6150000000		

Submit

Back

17) You will now have the opportunity to enter any further applicant's information as needed. When done, click the **'Logout'** button.

18) You will have 90 days to upload any needed documentation.

19) To enter documentation, check the status, or view/print certifications/denials, click on 'My WOTC Applications'.

The screenshot displays the 'WORK OPPORTUNITY TAX CREDIT' portal for an employer. The header includes the TN Department of Labor & Workforce Development logo and the user's name, JAMES DOE. The navigation menu on the left shows 'WOTC Applications' expanded, with 'My WOTC Applications' selected and highlighted by a red arrow. Below the menu is a table titled 'WOTC Application Information' showing application status for fiscal year 2016.

Fiscal year	Total Application	Approved	Denied	Need ICF	Pending Documentation
2016	1	0	0	0	1

20) The search page will be displayed.

The screenshot displays a web application for the Tennessee Department of Labor & Workforce Development, titled "WORK OPPORTUNITY TAX CREDIT". The user is logged in as "JAMES DOE" and is viewing the "EMPLOYER" section. The page is titled "WOTC APPLICATIONS SEARCH" and includes a "Refresh" button.

Search Filters:

- SSN:
- First Name:
- Last Name:
- Status:
- Fiscal Year:
- Date Type:
- From Date: -
- Other Actions:

Table:

Expand the row to view more details about the Claim.

Application	SSN	First Name	Last Name	FY	Status
No records found.					

(1 of 1) Total 0 records.

The Windows taskbar at the bottom shows the time as 10:27 AM on 3/15/2016.

21) There are several ways to search for the information that you need. Please choose one of the options under the **'WOTC Applications Search'** section. Using the tab key to move to the next section will populate the details rows.



Department of
Labor & Workforce
Development

WORK OPPORTUNITY TAX CREDIT

WOTC Dashboard
WOTC Applications
EMPLOYER
SIVA PEDI
Logout

EMPLOYER : TN DOL FEIN : 999999999

WOTC APPLICATIONS SEARCH
Refresh

SSN : 123456789
First Name : Enter First Name to sear
Last Name : Enter Last Name to sear
Status : -----Choose Status-----
Fiscal Year : YYYY

Date Type : -----Choose Date Type-----
From Date : From Date - To Date
Other Actions : -----Choose Type-----

Add New WOTC Application

Expand the row to view more details about the Claim.

Application	SSN	First Name	Last Name	FY	Status	Actions
453564	123456789	VZ	ZXC	2016	Pending Review	 

(1 of 1)
Total 1 records.

22) Click the arrow to the right of the application number to expand the selection. If it has been approved the target group and the **'Certified Date'** will be populated with the appropriate information. The **'Status'** section shows the current status of the application. For this particular individual documentation is needed.

Department of
Labor & Workforce
Development

WORK OPPORTUNITY
TAX CREDIT

WOTC Dashboard
WOTC Applications
EMPLOYER
SIVA PEDI
Logout

EMPLOYER : TN DOL FEIN : 999999999

WOTC APPLICATIONS SEARCH
Refresh

SSN : 123456789
First Name : Enter First Name to sear
Last Name : Enter Last Name to sear
Status : -----Choose Status-----
Fiscal Year : YYYY

Date Type : -----Choose Date Type-----
From Date : From Date - To Date
Other Actions : -----Choose Type-----
Add New WOTC Application

Expand the row to view more details about the Claim.
(1 of 1)

Application	SSN	First Name	Last Name	FY	Status	Actions
453564	123456789	VZ	ZXC	2016	Pending Review	

Application Details

Cert Target Grp :

Hire Date : 03-04-2016

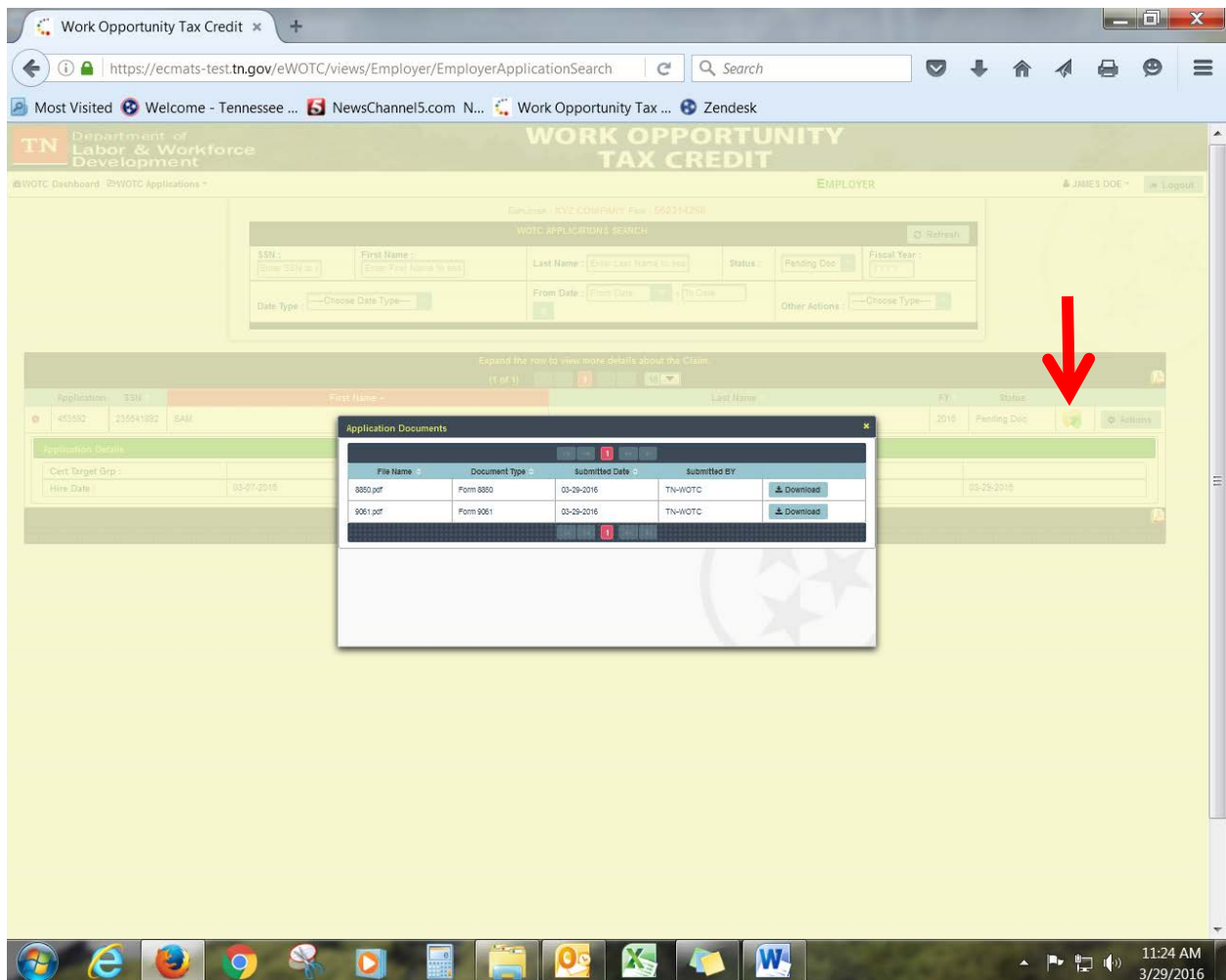
Start Date : 03-04-2016

Certified Date :

Application Received : 03-04-2016

(1 of 1)
Total 1 records.

23) Click the folder with the green arrow to see the application and any uploaded documents. This would include certificates, denials, and letters.



24) Click the **'Actions'** button to either upload the needed documentation or to mark as no longer pursuing WOTC certification.

The screenshot displays the 'WOTC APPLICATIONS SEARCH' interface. At the top, there's a header for the 'Department of Labor & Workforce Development' and 'WORK OPPORTUNITY TAX CREDIT'. Below this, a navigation bar shows 'WOTC Dashboard' and 'WOTC Applications'. The user is logged in as 'CHRISTINA DUNCAN'. The employer is listed as 'DUNCAN & SONS' BUILDING MAINTENANCE' with FEIN '621418498'.

The search filters include SSN, First Name, Last Name, Status (set to 'Pending Doc'), and Fiscal Year. There are also fields for Date Type, From Date, To Date, and Other Actions. A legend indicates 'Approved Applications' (green), 'Denied Applications' (red), and 'Pending document Applications' (purple).

The main table lists applications with columns: Application, SSN, First Name, Last Name, FY, Status, and Actions. The first three rows are visible:

Application	SSN	First Name	Last Name	FY	Status	Actions
307665	414290055	MARIA	COLLINS	2013	Pending Doc	[Expand] [Actions]
313870	414683176	CECIL	HUFFSTETLER	2013	Pending Doc	[Expand] [Actions]
334477	074601171	JEROME	PEDZOCH	2014	Pending Doc	[Expand] [Actions]

The first row is expanded, showing a dropdown menu for the 'Actions' button. The menu options are 'Upload New Document' and 'Mark As No Longer Pursuing'. A red arrow points to the 'Upload New Document' option.

25) The targeted group that was entered during the application process is indicated in the **'Missing Documentation'** section. Choose the appropriate option from the 'Target Group' drop down menu on the left hand side of the popup window. These two must match. Click the arrow down next to **'Document Type'** and select the appropriate documentation that you will be submitting. Then click the **'Choose'** button to select a file to upload.

The image shows two parts of a software interface. The top part is a dark-themed popup window titled "Application Documents - Make sure all the required * fields are selected before upload." It contains two dropdown menus: "Target Group" and "Document Type", both with red circles around them and red arrows pointing to the "Choose" button below. The bottom part is a light-themed section titled "Missing Documentation List" containing two red text messages. A red arrow points from the text "Indicates which target group needs to be uploaded" to the second message in the list.

Application Documents - Make sure all the required * fields are selected before upload.

* Target Group : --Select Target Group-- * Document Type : --Select Document Type--

+ Choose + Upload + Cancel

Choose the target group from the application Then make a selection here

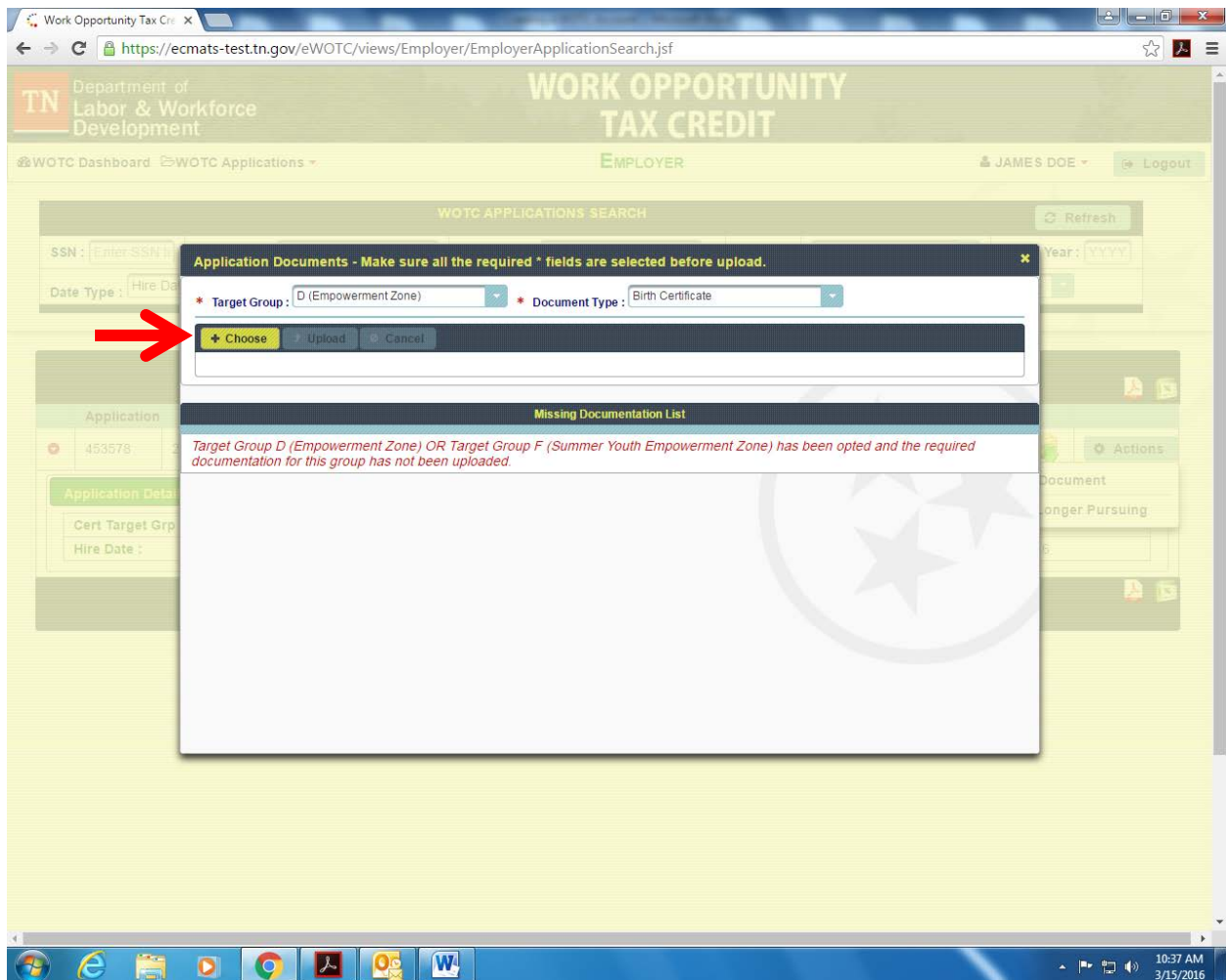
Missing Documentation List

Target Group D (Empowerment Zone) OR Target Group F (Summer Youth Empowerment Zone) has been opted and the required documentation for this group has not been uploaded.

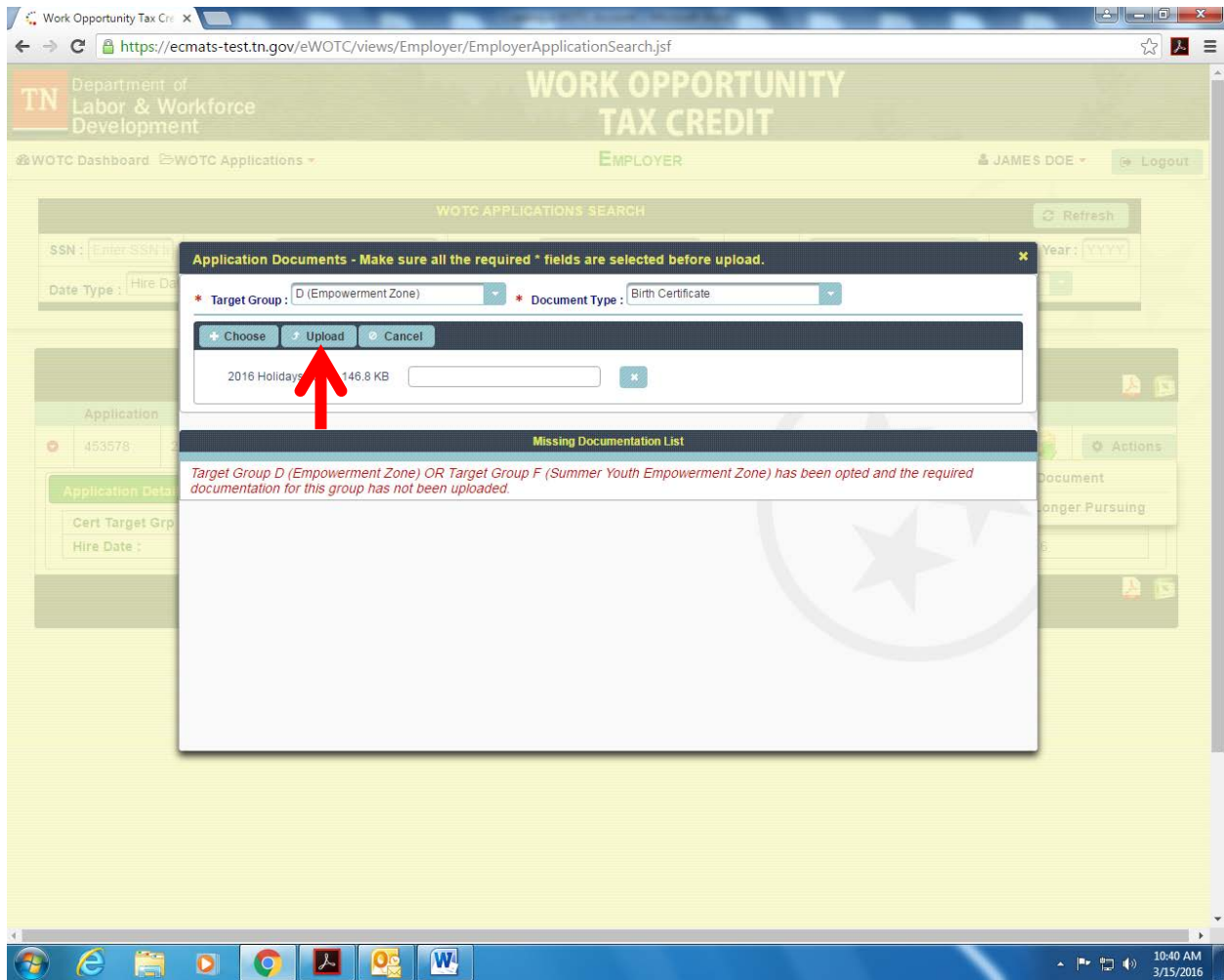
Target Group E (Vocational Rehab) has been opted and the required documentation for this group has not been uploaded.

Indicates which target group needs to be uploaded

26) Clicking the 'Choose' button will walk you through the process of finding the document that has been saved to your computer.



27) Click the 'Upload' button.



28) The following screen will be displayed. Click the 'X' button in the popup window to close it.

